SELF-HELP GROUPS IN CANADA

Jean-Marie Romeder*

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For additional copies, please contact:

Program Information Unit
Social Service Development and
Grants Directorate
Health and Welfare Canada
7th Floor, Brooke Claxton Building
OTTAWA, Ontario
K1A 1B5

(Aussi disponible en français)

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Foreword

This study is situated at the crossroads of many major social currents, only four of which we shall mention here.

The first social current concerns the rediscovery of the importance of our individual behaviour and attitudes in terms of our personal health and well-being. The major role played by our lifestyle and social environment was highlighted in the Department of National Health and Welfare's 1974 publication, A New Perspective on the Health of Canadians, which emphasized our individual responsibility for our own health, based on the results of considerable analysis and research in social medicine, thus reviving the concept of prevention and calling for health promotion.

The second current concerns the human potential movement in the humanistic tradition. It emphasizes our potential, those significant positive forces which reside in each one of us and which are all too often under-exploited. This insistence on positive forces does not imply ignorance of the negative or destructive forces which also can be seen within each of us, but it does call upon the higher motives of every human being. The use of small groups (encounter groups, growth groups, group therapy and self-help groups) has made it possible to demonstrate the amount of support and assistance that members can give to each other.

The third current is the concern about control by the state, business or "experts" over the lives of ordinary citizens. Many citizens refuse or criticize government and professional aid because they consider it to be inhuman, incompetent, too expensive and, most importantly, too anonymous.

The fourth current concerns a general desire to be looked after by a group that cares. Faced with feelings of powerlessness, many individuals have joined together in groups to support each other and to take action to deal with the problems that affect them most in their daily lives. This is one of the reasons behind the renaissance in voluntary action.

This study deals with the hidden world of self-help groups, most of them unknown to most people despite their estimated membership in the hundreds of thousands across Canada. This study's aim is to bring these groups into the open, so that more Canadians can benefit from this kind of help and mutual aid.

Deprived of light, these groups have difficulty growing and developing. On the other hand, exposing them to sunlight too abruptly might be extremely harmful. Chapter 6, therefore, makes a number of suggestions to assist in the development of self-help groups. These suggestions are based on the experiences of many pioneers in the field, in Canada and elsewhere, from which we have tried to take the most promising elements. These suggestions are addressed not only to the various levels of government but also to a variety of professionals in the human services sector as well as to a wide variety of existing voluntary organizations.

Chapter 1 endeavours to arouse the reader's interest in the phenomenon of self-help groups by suggesting a personalized learning experience, while Chapter 4 deals with some risks and proposes a number of responses and explanations to answer the main criticisms directed towards self-help groups.

Although self-help groups have thus far been ignored by economists because such groups involve unpaid activity, and by statisticians, because no one has yet taken an inventory of them, they constitute, nonetheless, a social reality that makes it possible to meet basic human needs. Self-help groups are a growing social reality, as we shall prove in the chapters that follow.

Acknowledgments

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In doing the pilot survey, we appreciated the contribution made by Lynne Mortimer who prepared the questionnaire and technical documents, then coded and tabulated the data presented in Chapter 3, in addition to her role as project leader of the Ottawa team. The planning of the survey owes a great deal to Ruth Watson and Diane Williams.

Hélène Saint-Hilaire, at that time the Executive Director of the Canadian Mental Health Association in Quebec, recruited two teams for the pilot survey in Montreal and helped in recruiting two more teams in Quebec City and Rimouski. In British Columbia we were ably assisted by Andy Farquharson and Nancy Jennings and in Winnipeg by Helen Hayles and Tana Christianson from the Volunteer Centre of Winnipeg.

The interviewing teams spared no effort in contacting the local self-help groups, who also receive our thanks for giving their time to help us collect information about their activities.

We also wish to thank the Health Promotion Directorate of the Department of National Health and Welfare for their contribution to the financing of the pilot survey and compilation of the data.

Chapter 1

Introduction - An Imaginary Experience

1.1 Introduction

This report deals with self-help or mutual-aid groups. Some of our readers will be familiar with some of these groups, because they have heard a friend or relative speak of their experience with one of them, because they, themselves, have been members of such a group, or, perhaps, because they have read about them.

Other readers will certainly have heard various self-help groups mentioned, but have only a vague idea of what goes on within them and what benefits their members derive from them.

Finally, some readers will never have heard of or noticed the various kinds of self-help groups in operation and may have a negative opinion of non-professionals.

This chapter is addressed particularly to the latter two groups of readers, and concentrates particularly on the psychological aspects of self-help groups.

The next two chapters (2 and 3) in this report contain facts about the activities of various self-help groups, some in cooperation with a wide range of professionals and volunteer organizations and others in cooperation with various institutions, especially in the social and health services field. Chapter 2 gives a very broad definition of self-help groups, proposes a classification of these groups illustrated by numerous examples and examines a series of varied viewpoints based on our present understanding. All this, however, is on an intellectual level.

In order to understand truly the nature of self-help groups and their role in today's and tomorrow's society, it is important to understand the personal experience of those who join a self-help group or decide to form a new one. One way to understand another person's experience and the support he/she may find in a self-help group is to discover the aspects of one's own life that resemble those of another. The objective of this chapter is to encourage the reader to seek such aspects inwardly.

One way to help the reader understand the personal experience of self-help group members would have been to interview a sample of group members and present their ideas in their own words. Unfortunately, this study was unable to include such an undertaking.

Direct contact with members of self-help groups is one of the best ways to understand them. This was illustrated clearly in the recent report of the Hall Commission on health services in Canada (29), which recognized the importance of self-help groups, e.g., a group of parents of children with leukemia which "performs life-enhancing work, not only for the child-patients but for themselves as parents." The attendance of members of many self-help groups at the public hearings in Montreal seems to have been a determining factor in Mr. Justice Hall's assessment of the health contributions made by these groups and the mention of them in his report.

In lieu of a direct experience with a self-help group, we invite the reader to take a few minutes to let us guide his/her imagination. This experience is designed to help him/her appreciate more fully the significance of support by a group of people who are having or who have recently had similar problems.

1.2 An Imaginary Experience

1.2.1 First Phase

Begin by imagining that you are in a situation where your existence has been disrupted by a sudden event or by a habit you cannot shake that ruins much of your life. Perhaps it is an alcohol problem or maybe you have let yourself indulge in food for months or years, while neglecting all physical activity, and now you would like to lose your excess weight. Maybe you have discovered that your child has a severe handicap or an incurable disease. Perhaps an infant was taken by sudden death. Perhaps you have been in a psychiatric hospital and, on your return home, problems continue to assail you every day. A close relative has been or still is under treatment for emotional or behavioural problems and has been labelled "mentally ill", and you are facing daily problems about how to act with him/her. An accident may have deprived you of an essential function and suddenly you have become blind, deaf or an amputee. You may have a chronic disease such as multiple sclerosis, or cancer, and you must reconsider your entire lifestyle. You may find yourself in an environment or situation where you are subject to frequent,

insidious and diverse forms of discrimination because you lack financial resources or because you are a woman, a homosexual or a member of a particular race. Or perhaps you have just separated from your spouse after a number of years together and must face all sorts of emotional and financial difficulties, particularly with respect to your children.

Choose one situation in which you could possibly find yourself one day. You may choose a situation you have already experienced, which made some period of your life difficult and during which you suffered because of a lack of adequate support. Once you have chosen your imaginary situation, try to keep it in mind until the end of the situation. Now take a minute or two, before moving on to the second phase of this process, to think about your reactions and emotions as you imagine yourself in this situation.

. . . . . (1 or 2 minutes) . . . . . .

1.2.2 Second Phase

Now imagine the various kinds of support and help you might seek in such a situation, knowing that you will be going through a difficult period which could last at least several months, and during which time you will have ups and downs before achieving the desired changes or adapting to your new situation.

Perhaps you think first of a relative: your parents, your spouse, your children or another close relative. Perhaps you think first of a friend or a number of friends. If so, imagine now that this person or these people are no longer there or are unavailable and that you cannot rely on them for support.

Perhaps you would consider religious support or that of other professionals: a physician, psychologist, social worker, or psychiatrist. Here, too, imagine that for some reason you could not or would not ask for such support, or that it is available too infrequently or for too short a period to meet your needs.

Perhaps you can imagine other ways to help yourself face this situation - specific activities or hobbies.

Remaining in your imaginary situation, consider the fact that you are essentially alone with the problems and emotions that overwhelm you and keep recurring, and that you have basically no other person with whom you can communicate the sorrow that distresses you or to whom you can talk about the depth of your present anguish and feel that you are understood.

Take a minute or two to view yourself in this new situation.

.....(1 or 2 minutes).....

1.2.3 Third Phase

Now you hear about a group of people who are in the same difficult situation as yours and who are facing similar problems to those you are experiencing. Some members of the group have already been through crises or difficult times several months or years before, while for most of them, the crisis is still a reality.

This is a small group (less than a dozen people) which meets each week. It will cost you only a few dollars in annual dues to join the group and attend meetings, with perhaps some contribution towards expenses, as this is a volunteer group, that is not organized or led by professionals. You can attend a meeting before you decide that you want to join. You see that this group, like all groups, adheres to certain values and that it has a certain ritual in its operations, and some degree of structure to its meetings. You will have to assess how you feel within this kind of group, relative to the benefits offered.

Now imagine that you have decided to attend this group's meetings, and try to visualize the effects on you of participation in such a group, concentrating on the support you can draw from it to face your problems. At first, you may mainly listen to the others, and by listening you will discover how much the situations, reactions, attitudes, fears and emotions of some other members are like your own. It is as if you feel less alone with your problems. Some members even appear to have bigger problems than you have. Seeing this, you feel comforted, and it enables you to put a little distance between yourself and your situation and to face it better.

Some members relate how they reacted to a particular problem; as you listen, you realize it is possible to find solutions to some aspects of your situation that previously seemed insoluble. The variety of reactions and solutions that various members have found to similar problems enables you to discover your own way of handling your personal problems. It is as if you were back in touch with your ability to take charge of things. The group's experience gives you the opportunity to see how someone has overcome a certain difficulty, and gives you a mental picture to refer to later when, back home alone, you may be tempted to lose hope and persuade yourself that you will never find a way out.

The group also has certain rituals or precepts appropriate to the situation in which you find yourself, based on the experience of many individuals who have "been through it". These may include spiritual, moral or religious principles. Here, too, you must extract from these precepts the parts which apply to your own case, interpret them and use them in accordance with your current situation and past experience. At times, when you have no more energy, when you no longer know what to do or where to turn, paralyzed by the difficulties which overwhelm you, when you feel yourself slipping back into the behaviour, attitudes or thoughts that you know are harmful, you may find it useful to cling to these precepts.

At some time, you will likely feel ready to express and share with the group the difficulties you have encountered, your fears and hopes, and the way you have acted or reacted when faced with such events. You may need a lot of courage to talk about certain actions or feelings which still make you feel uncomfortable. When you have decided to do this, you will be surprised at the understanding and acceptance by the other group members of the difficulties you are facing. You will have the feeling of being understood and better accepted and you will experience the enormously liberating sensation of accepting yourself more readily, feeling less isolated and closer to others.

Paradoxically, at the same time that you accept yourself more fully as a person with strengths and weaknesses, you will regain the self-esteem and energy you need to begin making changes in your life - changes in yourself or your environment - that will enable you to come out of the crisis situation having achieved personal growth instead of having let it diminish you.

You, in turn, will have the satisfaction of finding that sharing your thoughts may have given some insight to another member of the group who has assisted in his/her development; after the meeting at which you spoke, that person will come up to you to tell you how much your words touched him/her and how close he/she felt to you at that moment. That is when you will fully realize how mutual aid works within the group and the satisfaction of giving as well as receiving.

Go back now to the situation you chose at the beginning (first phase) and, being aware that you cannot count on adequate support from those you know best (second phase), look at the aspect or aspects of the self-help group that seem the most important to you. Now take one or two minutes to imagine yourself totally in this situation and immerse yourself in the images or words that come to you to describe the support your imaginary self-help group will provide.

. . . . . (1 or 2 minutes) . . . . . .

1.3 First Impressions

After this exercise in imagination you will find yourself in one of two opposing situations; either you have been able to imagine realistically the kind of support a self-help group can provide in the imaginary (or real) situation you chose, or you were unable to grasp the personal support such a group would give you.

If the first situation applies, you were able to identify certain major aspects of the assistance a self-help group could offer. This knowledge will improve your understanding of the important role played by all kinds of self-help groups for individuals who face crises or problems at certain times in their lives.

In the second situation, various reasons may explain why you may not have been able to see the potential personal benefits of a self-help group more concretely. Perhaps you were unable to choose or focus on the imaginary situation in the first phase. Perhaps you are fortunate enough to have such strong and close ties with various people around you that it was impossible to imagine lacking support (second phase) or that a self-help group could compensate for such support.

Perhaps you felt so ill at ease with the imaginary group that it is not really possible for you to imagine receiving any support whatsoever from a group*.

You will probably be interested in evaluating the way you reacted to this imaginary experience, which may enable you to understand why, under certain circumstances, some people decide whether or not to join a self-help group.

One common denominator arising from the self-help group experience is the feeling of fraternity that develops among its members. This fraternity corresponds to the tie that links members of the human family together, and at the same time, the emotions attached to this link. On the individual level, fraternity is one of the basic human needs, like the need to belong (to a community, a race, country, class, party or other group) or the need for affiliation. In terms of larger groups, fraternity appears to be a fundamental condition for a harmonious social life, so much so that the motto of the French Republic includes it: "Liberté, Egalité, Fraternité".

The various crisis or problem situations described in the first phase of the preceding exercise are often accompanied by a feeling of alienation; you suddenly feel different from other people, isolated and not knowing where you belong. The new fraternity found in a self-help group is, therefore, one way for members once again to feel part of the rest of the world.

* Some self-help groups, in fact (e.g., groups of widows), have recognized that in certain circumstances it is more appropriate to emphasize relationships between two people (one who has already been through and overcome the problems in the initial crisis stage, and one who is only beginning to face them) and encourage these instead of meeting with a group.

Chapter 2

Self-Help Groups and Mental Health: A Promising Avenue*

2.1 Introduction, Definition and Categories

Self-help groups have been the subject of much interest in recent years, judging by the amount that has been written on them. These works are the result of research studies in various related disciplines such as social work, community psychiatry, community and social psychology, sociology and psychotherapy (7, 23, 34, 40, 49). Special issues have been devoted to the subject by two journals, Social Policy and the Journal of Applied Behavioural Science (6, 7). As well, the author of a recent paperback book estimated there were over half a million self-help groups in the United States and Canada.

Canada's Mental Health recently described a self-help group for relatives and friends of the mentally ill (56), while an earlier issue contained an article pointing out the considerable potential of self-help groups "for the revitalization of the North American soul" (1).

An excellent working guide to self-help groups and organizations in the United States mentions a considerable increase in both the number and diversity of self-help groups in recent years (24). We have also witnessed a recent increase in the number of local directories of self-help groups in the United States and Canada (Toronto, Victoria, Montreal, Ottawa, Winnipeg, etc.).**

The objective of this chapter is to present an overview of self-help groups in order to cast light on their substantial benefits and the varying needs they meet in today's society. We stress their contribution in terms of prevention, restoration, maintenance or improvement of health, and mental health in particular. These remarks are aimed at all individuals, both professionals and lay people, who are

* This chapter is substantially the same as an article written by the author in June 1980, published in the March 1981 special issue of Canada's Mental Health, which published a series of articles on informal systems and self-help groups. The categories of self-help groups are based, in part, on a preliminary analysis of the data from the pilot survey described in Chapter 3.

** See details and references in Section 6.2.1.

anxious to improve service to other individuals and to create various methods of encouraging mutual aid, self-help groups being among these methods.

2.1.1 Definition

Various definitions and ways of categorizing of self-help groups have been proposed. Katz and Bender (34) proposed a fairly broad definition that will serve as our point of reference in this study:

> Self-help groups are voluntary, small group structures for mutual aid and the accomplishment of a special purpose. They are usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about desired social and/or personal change. The initiators and members of such groups perceive that their needs are not, or cannot be, met by or through existing social institutions. Self-help groups emphasize face-to-face social interactions and the assumption of personal responsibility by members. They often provide material assistance as well as emotional support; they are frequently "cause orientated" and promulgate an ideology or values through which members may attain an enhanced sense of personal identity.

This definition speaks of face-to-face social interactions, but we must also point out that many groups use telephone support. This definition does not specify in any way the processes operating within self-help groups, which are an essential characteristic of such groups. Indeed, the approaches used are highly diversified and it would be pointless to try to seek a common definition.

2.1.2 Categories of Self-Help Groups

Eight major categories of self-help groups are listed, according to the nature of the problem they address. Some of these categories overlap, but together they cover the spectrum of existing situations.

To start with, there are many groups for drug addicts or people with compulsive behaviours, especially Alcoholics Anonymous, and the parallel groups for relatives and friends of alcoholics or for teenagers affected by the behaviour of an alcoholic. There are also groups for the overweight, for compulsive gamblers, multiple drug addicts, etc. Alcoholics Anonymous represents the most highly developed network and a model at the same time; it has been in existence since

1935 and has inspired many other groups, which have adopted its principles in various ways and to varying degrees to deal with other problems. The Alcoholics Anonymous network began in the United States and has developed in many other countries, particularly in Canada. (It is sufficient to note that Ottawa alone had 88 Alcoholics Anonymous groups at the beginning of 1980.)

The second category contains groups oriented toward family problems. Here we find parents of children with specific problems: learning disabilities, diabetes, autism, leukemia, etc. There are groups of parents who want to promote a certain type of behaviour with respect to their children, such as the La Lèche League (for breast-feeding). These are various groups of parents of young children or teenagers who meet in order to find more satisfactory ways of communicating with their children. (See comments at the end of section 2.2.5 on educational aspects.)

Self-help groups for single parents have expanded greatly in recent years. The number of chapters of the Single Parent Families Association in Canada grew from 26 in 1975 to 42 in 1979, while Parents Without Partners had 38 chapters in 1974 and approximately 59 in 1979 (57). Finally, there are a number of groups for bereaved parents, abusing parents, parents of twins and others.

In the third category are groups of persons suffering from emotional or psychological problems, or who may recently have recovered from such problems. Among these are such groups as former psychiatric patients or the mentally ill Recovery Inc., for example, (which has become a vast international network) and groups of parents or friends of the mentally ill.

The fourth and most numerous category includes groups concerned with those suffering from a particular physical handicap or a chronic disease: amputees, deaf mutes, hemophiliacs, those with multiple sclerosis, Parkinson's disease or heart disease, those who have had ileostomies or colostomies, cancer victims, etc. There is, in fact, a self-help group for nearly every disease in the International Classification of Diseases.

The fifth category contains the homosexual groups (gay and lesbian), whose members help each other to accept their situation better and seek to free

themselves from the various psychological or social constraints from which they suffer.

Women's groups fall into a sixth category; these groups have been formed over the years in response to the numerous kinds of discrimination to which women are subjected in today's society. Frequently, the groups have very specific purposes; campaigns against rape, learning self-defence, taking responsibility for their own health, mothers of young children wanting to get out of the house, etc.

A seventh category includes groups primarily oriented toward specific social action: to change laws, to exert pressure in order to obtain research funds, to create new services or improve existing services (groups of tenants, injured workers, unemployed people or community activists).

The final category is made up of groups of persons who have recently experienced a traumatic change in lifestyle by widowhood, divorce or separation.

These different categories of groups carry out varied activities centered on their members' personal needs or directed outside the group (see Tables 2 and 3). The fifth, sixth and seventh categories are oriented more toward external activities such as lobbying; the imaginary experience in Chapter 1 is, therefore, not as relevant to these three categories.

This brief overview indicates that self-help groups are formed to meet a broad range of difficulties which we must face in our lives. When confronted with these difficulties, only a small percentage of the population will call upon a self-help group. Some call instead on their own resources, on spiritual resources, on relatives, friends or the clergy, while others call upon professionals. A growing number, however, find effective help by forming or joining a self-help group made up of people who have "been through it". They thus feel less isolated and better supported to deal with the various ways in which those they may be rejected by around them may. As a result, they can acquire or regain a certain amount of self-confidence and self-esteem.

2.2 Varied Viewpoints

In this section we shall examine a number of theories and factors which shed some light on why people join self-help groups and on the effects of such groups. Most of the points will apply primarily to groups whose activities concentrate on members' personal needs.

2.2.1 Psychosocial Epidemiology

We are familiar with the role played by psychological factors in contributing or predisposing to various diseases - the diseases we call "psychosomatic". It seems also that the majority of common diseases and accidents are closely associated with psychosocial difficulties, as various researchers in the fields of heart disease (39) and cancer have sought to demonstrate.

John Cassel, a respected researcher in psychosocial epidemiology, has studied and supported the hypothesis based on the influence of various psychosocial processes on disease in general (11). He is of the opinion that these processes are two-dimensional, acting simultaneously as stressors and in a protective or beneficial function. After reviewing the research into animal behaviour and human epidemiological studies, he identified the two characteristics of these psychosocial processes: the lack of appropriate feedback to individuals (a source of stress), and the strength of social support. This second characteristic has been illustrated by a whole series of epidemiological studies showing that subjects who have benefited from various forms of social support have improved scores on several health indicators or lowered mortality rates, when other possible factors are well controlled. On the strength of these results, Cassel concludes that, in terms of preventive action focussing on the psychosocial processes, results will likely be attained more rapidly by seeking to improve and strengthen the sources of social support, rather than by trying to reduce exposure to the various psychosocial stress factors. He adds that, as our knowledge develops, we can imagine and design preventive services to identify families and groups who are at high risk by virtue of their not fitting within their social milieu and we can determine the specific nature and form of the social supports that ought to be reinforced if we wish to protect such people from the consequences of diseases (11).

Self-help groups contribute, by their very existence, to this identification of individuals, families or groups exposed to psychosocial risk, and have made the effort to define and implement appropriate interventions. This convergence between recent scientific discoveries in the area of psychosocial epidemiology and the reality of self-help groups is worth noting.

The foregoing theory may be illustrated by examining the psychosocial processes that come into play in a separation or divorce. Inappropriate feedback from those around us may show up as hostility, shock or rejection from those who are closest to us, relatives, co-workers and children's classmates and friends. Such situations were certainly regarded more seriously 20 years ago, when separation and divorce were rare events, and will likely be better accepted by the end of the century if mores and attitudes evolve as expected. It seems most unlikely that one could easily intervene in such a situation in order to modify the inappropriate feedback of all those concerned. But, as Cassel implies, it is possible to intervene by providing additional support, which is just what the single-parent family self-help groups do.

Thus, most self-help groups are a powerful means of prevention in that they make it possible to reduce the risk of diseases that result from exposure to the stressful psychosocial situations associated with various crises or other difficult situations.

2.2.2 Isolation and Loneliness

A conscious or unconscious feeling of isolation or loneliness is an important source of motivation for joining a self-help group. Some see loneliness as the result of a lack of opportunity to relate to others intimately and to express one's thoughts and emotions freely and without fear of rejection or misunderstanding (52). Others consider loneliness as the result of a mismatch between desired and actual social relations (51).

The relationship between social isolation on the one hand and illness, psychological problems or death on the other, has been amply demonstrated in a wide variety of studies which back up Cassel's thesis on the influence of psychosocial processes on health and illness (11). The study of a sample of some

7000 adults in California conducted over a nine-year period indicated that the mortality rate among the most socially isolated was more than twice that of those with the most social contacts: whether married or unmarried, having contacts with close friends or relatives, belonging to a church, or to informal or formal groups (3). Another study showed that patients making repeated visits to general practitioners for functional complaints had fewer friends and confidants (42). In a recent study of the risk factors associated with psychiatric problems such as paranoia, various forms of psychosis (schizophrenia, manic-depressive states and others), infantile autism or obsessive-compulsive disorders, (13) social isolation was identified as one of the predisposing factors or precipitating events.

Although we have very little precise information on the extent of social isolation and loneliness, it does seem that a considerable number of Canadians suffer its harmful consequences at various times in their lives, when they face certain problems or crises. Therefore, it seems realistic to believe that self-help groups can have a significant impact on the psychological and economic costs attributable to the loneliness and social isolation in which countless Canadians must live.

2.2.3 Taking Responsibility For One's Own Health

The importance of taking responsibility for maintaining or improving one's own health has been stressed by a number of authors and official reports in the past decade. Emphasis has been placed on the significance of lifestyles or habits (35) and on the responsibility individuals, families and communities must assume for their own health (46). Several recent works have been devoted to the various roles that the lay person, patient or consumer can play in terms of maintaining his or her own health and preventing illness through self-diagnosis, self-medication or self-treatment, a field that is called, in general, "self-care" (38, 58). Self-help groups oriented to health problems are a part of this area; they emphasize personal responsibility but, even beyond that, they stress the mutual or group support that those who are experiencing or have experienced common difficulties can provide to each other. As the motto of one self-help group states, "You alone can do it, but you can't do it alone."

2.2.4 Group Therapy and Lay Therapy

The therapeutic aspect of self-help groups leads us to examine the similarities and differences they present with respect to two other kinds of groups: first, the encounter and personal-growth groups, and second, the therapeutic groups (group therapy). Group therapy was initially developed for people with psychological problems; it is directed by professionals and directed to "patients". Encounter groups or personal growth groups have developed mainly within the human potential movement and they are open to anyone who wants to change, grow or develop. They are usually led by professionals.

Unlike these two categories, self-help groups are not professionally led and their membership is more strictly defined - alcoholics, divorced people, diabetics, etc. Interaction among group members is generally less favoured than in encounter groups, and meetings often follow a well-established pattern, as in Alcoholics Anonymous.

An aspect common to self-help groups and the other groups mentioned, is the use of the therapeutic abilities of group members, if only through the sharing of experiences and feelings which, in the case of encounter groups (50, 59), has been well documented. Group members may rid themselves of their feelings of isolation, guilt or uniqueness when they see that others in the group have the same difficulties, conflicts, satisfactions, dissatisfactions, impulses or hidden thoughts.

Self-help groups recognize the basic principle that helping our fellow man allows us to develop and grow ourselves, just as teaching is often the best way to learn. We could say that the distinction between "helper" and "helpee" often disappears in a self-help group where each member may play both roles simultaneously or alternately.

The foregoing enables us to locate the activities of self-help groups with respect to Maslow's proposed dichotomy between lay therapy and technical therapy (41). For Maslow, lay therapy is simpler, shorter and aimed at the satisfaction of the basic needs (security, belonging, love and self-esteem), whereas technical therapy is longer, more laborious, in greater depth and aimed at a certain degree of understanding or insight; it requires professional training in its techniques. We see

self-help groups as a major source of lay therapy, as other situations could be, for instance, marriage, friendship, collaboration, teaching or natural helping networks made up of people living in the same neighbourhood or building (14). There is one further difference - lay therapy is often free of charge.

2.2.5 Educational Aspects

A sizeable portion of the activities of certain self-help groups are educational and aimed at informing members or helping them to acquire specific skills through workshops, seminars, guest lectures or films followed by discussion periods. These educational activities have all the more impact since they correspond to the needs expressed by members and are organized by them.

To press for recognition of their rights, other groups (such as parents of handicapped children, women or homosexuals) run public information campaigns, thus contributing to better public awareness of the difficulties faced by some minorities in our society.

Just as certain self-help groups have purely educational activities, some educational activities may encourage mutual aid and resemble self-help groups. For instance, some groups of parents taking courses on parent-child relationships or communications, are encouraged to share their personal experiences. Such courses have become widespread in recent years under the aegis of the Commission des Ecoles Catholiques de Montréal, through its adult educational service. Most of these courses are led by "natural leaders" selected from former participants who have been trained appropriately (25). This kind of course, led by such "natural leaders", seems, however, to represent a minority among the variety of courses offered on the subject of parent-child relationshships.

2.2.6 Voluntary Action

There are countless self-help groups sponsored by or developed with the support and impetus of voluntary organizations.

Volunteer activities have been given a lot of coverage in the past few years. Several Canadian reports have described the many varieties of volunteer activities or have suggested ways of encouraging them (10, 12, 15, 37). It is evident that the

voluntary sector and its effects have long gone unnoticed or ignored, since they are not considered as part of the economic system.

While we all agree that the services of volunteers are free, we may not agree on a definition. To some people, volunteers are groups of citizens who take action to improve their existence and the society in which they live; to others, the essential element is altruism and going beyond self-interest; while still others focus on the notion of charity.

The motivation often expressed by volunteers is that of going beyond self-interest in order to meet the needs of others or the community. While such motivation may be effective for those who have reached a particularly high level of social integration and maturity, it seems rather unrealistic to imagine that this is, or can be, the motivation of most volunteers. In general, people must be able to satisfy their own needs as well as those of others through their activities (volunteer or otherwise) - to receive as well as give - and this is the very essence of mutual aid. It would be better to recognize this very human reality and allow it to contribute to the renewal and reaffirmation of volunteer activity, rather than to emphasize such values as "giving to others" or "selflessness", which have religious or super-human overtones.

Self-help groups, therefore, can be considered as part of the broader network of voluntary organizations.

2.3 Preliminary Conclusion

We have looked at self-help groups from a variety of standpoints in order to highlight the way in which they contribute to preventing disease and promoting mental health. We have shown the connection with the results of certain recent psychosocial epidemiological studies. We have also shown how self-help groups make it possible to counteract the risks of isolation and loneliness and how they contribute to personal responsibility for one's own health, without recourse to professionals but by calling on others in the same situation (the very essence of mutual aid). We have outlined the educational aspects and the increasingly large role played by self-help and self-help groups in the voluntary sector.

Self-help groups also have certain inherent risks, which we will discuss in Chapter 4, while Chapter 5 will deal with a number of social and socio-economic considerations in order to put self-help groups into a broader context.

We wish to state here, nonetheless, that the advantages of self-help groups seem to us to outweigh the risks or disadvantages to be outlined later. Together, self-help groups constitute a vast movement still much in the shade. They should be studied in greater depth and more fully introduced to the public, professionals and students in schools, particularly in the field of mental health. In Chapter 6, we shall explain how mental health professionals and others can help groups to develop. Some authors have offered a number of suggestions in this respect, which are both specific and highly useful (24, 26, 53). The areas of research and evaluation are almost untouched, and although difficult because of the cooperation required, may be very rewarding (40). In any case, to initiate the mental health professional of the eighties, whether or not he/she wishes to cooperate with the self-help movement, will be well advised to acquaint himself/herself with it in order to reach the conclusions appropriate to his/her own practice and to understand the multiple forms of assistance available to people today.

Chapter 3

Results of the Pilot Survey

3.1 Introduction and Methodology

This chapter will possibly be considered dry because it gives only a statistical overview of data collected in the pilot survey. It omits all the information of a qualitive nature obtained in this survey, which contributed significantly to the other chapters. This statistical overview, without pretending to be representative of all existing self-help groups, will, however, help to illustrate the importance of self-help groups in Canada.

The data presented in this chapter were taken from questionnaires completed during interviews with members of self-help groups between January and March 1980. The self-help groups were located and contacted by teams of three interviewers in six locations across Canada.

Planning for the pilot survey began in June 1979 and two primary objectives were established. The first was to create local directories or lists of self-help groups, which would be distributed to the community by some appropriate means, particularly to the organizations, institutions and professionals most directly involved.

The second more general objective, was to assemble specific data on existing self-help groups in Canada, in order to describe their varieties, activities, relationships with various professionals and institutions, the number of members and information on recent trends.

This chapter presents the major data corresponding to the second objective; the matter of local directories and their usefulness, the first objective of the study, will be discussed in Chapter 6.

The interviewers were young people, many of them students, who were recruited and financed through the federal Youth Job Corps program, which was set up to provide work and work experience to unemployed youth.

In order to set up the local surveys and hire the teams to carry them out, we first had to obtain the cooperation of "third parties", people who were familiar with some self-help groups in their community and who had had experience in working with them. For our third parties, we sought out people who worked in organizations or institutions interested in the eventual distribution of the information collected and in any other roles as catalysts with respect to local self-help activities. Moreover, these third parties made a contribution as project volunteers - taking charge of recruiting the project leader and providing advice and general assistance throughout the project.

The first team was formed in Ottawa. Its role was to explore various possible ways to run this pilot survey, while becoming familiar with the available literature and the few surveys or directories already completed in Canada and the United States (see Chapter 6). The methodology was determined and a questionnaire prepared and tested on a small number of groups. It was revised many times and then translated. Similarly, a set of technical notes was created and translated for distribution with the questionnaire to the various teams that would conduct the pilot survey across Canada (in English or French depending on the location).

Because of the time necessary for planning and preparation of the documents needed for the pilot survey, and the fact that financing of the 1979-80 Youth Job Corps program ended in March 1980, it was possible to recruit only six other teams, which collected data between January and March 1980.

One team worked in MacKenzie, a small bush town in northern British Columbia; another worked in Winnipeg, two in Montreal, one in Quebec City, one in Rimouski, in north-east Quebec, in addition to the original team in Ottawa.

During one hour to one and a half hour face-to-face interviews with a "representative" of each group, one of the three team members filled in the questionnaire. When first contacting the group by telephone, the interviewer briefly explained the project's objectives and the nature of the questionnaire, and asked that the person to be interviewed be someone who knew the group well and had been involved in its activities for some time. This person would act as the group's representative. Because of this, some of the data collected are primarily a reflection of the perceptions of one member or organizer who, although certainly

familiar with the group, might not reflect the group consensus. In some cases, however, the representative replying to the questionnaire was able to consult other members of the group before the interview, since the questionnaire was mailed beforehand if requested.

The definition of self-help groups used in this survey was that of Katz and Bender, which appears in Chapter 2. This definition does not, however, provide criteria specific enough to determine whether a given group is a self-help group or not. The information gathered before and during the interview was sometimes insufficient for this purpose. The teams, therefore, discussed many cases, sometimes with the help of the third party, who knew many local groups well.

The first part of the questionnaire was intended to obtain the information needed for the brief description of the group in the directory (activities, objectives, names of contacts, etc.). The second part collected more precise data on the nature of each group, the essential findings of which are reported below. We also asked those interviewed their opinion of our (Katz and Bender's) definition of self-help groups as it applied to their group, and whether they had any suggestions on ways to assist self-help groups.

It should be noted that our sample is not a representative sample of all self-help groups in Canada, not having been drawn with a probabilistic technique. The percentages given in the various tables cannot be considered, therefore, as valid estimates of the Canadian situation. The figures only reflect the situation of a fairly large number of self-help groups selected in six different regions.

It should also be noted that some of the 264 questionnaires analyzed in this study corresponded to groups that were part of a network, so that the questionnaires corresponded, in fact, to a sample of about one thousand groups, with some tens of thousands of members (see 3.3).

In the following sections, we present tables showing the most important results obtained by analyzing the pilot survey data. The comments refer to the tables shown and are also based on figures from other tables not presented here because of less significant results and a desire not to overload this chapter. We

have also included supplementary information with the technical notes at the bottom of each table, which often illustrate the terms used in the tables.

3.2 Categories and Activities of Self-Help Groups

During the pilot survey conducted between January and March 1980, 306 questionnaires were filled in for the various groups selected in the six locations shown in Table 1. Of these questionnaires, only 264 were retained for data analysis. After closer study of the questionnaires and some requests for additional information, it was decided that 42 of the groups interviewed did not conform to the definition of self-help groups used in this study, e.g., the Montreal Branch of White Cross, which is an assistance (not mutual aid) service for the mentally handicapped.

Table 1 shows the distribution of these groups in the 11 categories selected for the study. These categories are essentially the same as those described in Chapter 2, with some minor modifications. The second category of groups oriented to family problems was split into three sub-categories for this analysis. The first contains groups of parents (often only mothers) who meet for educational or personal enrichment activities (preparation for natural childbirth, breast-feeding, parent-child communications, etc.). The second sub-category is made up of groups of parents whose children are handicapped or have health problems. The third sub-category includes other parent groups who do not fall within the two other sub-categories (bereaved parents, adoptive parents, etc.). All single-family groups, unwed parents, divorced parents and the like, have been grouped together in category 10.

Table 1 shows that the two dominant categories are the groups concerned with various physical health problems (24.6%) and parent groups taken as a whole (categories 2, 3 and 4) which have been formed because of certain problems or difficulties with their children (26.5%). Category 10 follows, made up primarily of single parents (12.1%), and groups for addicts or people suffering from other compulsive behaviour (11.4%).

These percentages reflect the variety of the organizations (groups or networks of groups) in our sample. Nevertheless, quite a different percentage

distribution is obtained if the number of groups or chapters of some larger networks such as Alcoholics Anonymous, (which has 45 groups in Winnipeg and 88 in Ottawa), is taken into account, instead of counting the network as only one group among the 63 groups in each city. In this way, the compulsion and addiction category would clearly predominate, because of the size of the A.A. network (A.A. itself, Al-Anon and Alateen), or that for the overweight (TOPS, Overeaters Anonymous and Canadian Calorie Counters). This category alone would account for more than half of the groups in Winnipeg and Ottawa (107 out of 210 groups in Winnipeg and 141 of 201 in Ottawa).

Each group plans activities according to its own needs, but certain types of activity are common to many groups. After analyzing the results, we decided to create the activity categories shown in Tables 2 and 3.

Table 2 shows the distribution of various activities related to the members' personal needs, while Table 3 shows the distribution of activities directed outside the group (beyond the personal needs of group members).

We can see from Table 2 that, as might be expected, "personal sharing" is practised by the majority of the groups (89%). The social action category reports this least often (10 groups out of 14, or 71%). We see that women's groups report a lower frequency of recreational activities than other groups (15%, while this activity is reported by 65% of other groups), but a higher frequency of educational activities (92% versus 77% for all groups). In general, we see that material assistance is only provided by one group in five, while the other three types of activity in Table 2 are practised by at least two-thirds of the groups.

Table 3 shows that activities oriented outside the group are less frequent, in general, than activities in Table 2. Public education and professional information are concerns of the majority of groups (75% and 58%, respectively), reflecting the need for these activities to ensure the development or survival of these groups. We note that nearly half the groups (47%) do some lobbying. Naturally, this includes the social action groups, but parent and homosexual groups do this too, while very few groups (2 groups out of 30, or 7%) in the compulsion and addiction category are involved in lobbying. More detailed information indicates that among the 124 groups which reported lobbying (as shown in Table 3), most (94) indicated that the

Table 1. Groups[1] by Category and Location

	Category	Location							
		Mackenzie	Winnipeg	Ottawa	Montreal[2]	Quebec City[2]	Rimouski	Total	%
1	Compulsion and addiction	4	6	7	8	2	3	30	11.4
2	Parents - education and enrichment	4	3	9	5	1	0	22	8.3
3	Parents of children with health problems	0	9	5	10	1	2	27	10.2
4	Parents - other	3	5	6	6	1	0	21	8.0
5	Emotional/psychological health	0	3	4	6	0	1	14	5.3
6	Physical health	1	19	21	16	3	5	65	24.6
7	Homosexual groups	0	2	0	7	0	0	9	3.4
8	Women's groups	1	4	2	3	2	1	13	4.9
9	Social action	1	3	0	2	5	3	14	5.3
10	Single parents, separated divorced, widowed	0	2	8	16	4	2	32	12.1
11	Other	0	7	1	4	4	1	17	6.4
	TOTAL	14	63	63	83	23	18	264	99.9

1. Some "groups" have a network of a number of groups or chapters in the same city, such as Overeaters Anonymous, with six groups in Winnipeg, or Alcoholics Anonymous, with 88 groups in Ottawa, but these are counted as only one group in this and later tables.

2. In Montreal and Quebec City, it was not possible to complete the inventory during the pilot survey, due to technical difficulties and delays.

Table 2.* Groups by Activities Oriented to Personal Needs
(Inward Focus)

	Category	No. of groups	Type of activity: Personal sharing[1] No.	%	Educational[2] No.	%	Material assistance[3] No.	%	Social and recreational[4] No.	%
1	Compulsion and addiction	30	30	100	22	73	2	7	16	53
2	Parents - education and enrichment	22	19	86	18	82	3	14	16	73
3	Parents of children with health problems	27	22	81	21	78	8	30	19	70
4	Parents - other	21	20	95	14	67	5	24	13	62
5	Emotional/psychological	14	14	100	8	57	0	0	7	50
6	Physical health	65	54	83	57	88	16	25	43	66
7	Homosexual groups	9	9	100	6	67	4	44	7	78
8	Women's groups	13	11	85	12	92	2	15	2	15
9	Social action	14	10	71	10	71	3	21	7	50
10	Single parents, separated, divorced or widowed	32	30	94	23	72	8	25	29	91
11	Other	17	14	82	13	76	5	29	13	76
	TOTAL	264	234	89	204	77	56	21	172	65

* Percentages shown in each line are not additive, since most groups had activities in several of the categories shown, sometimes in all four.

1. "Personal sharing" of experiences, knowledge or feelings during face-to-face or telephone conversations or during structured or non-structured group meetings.
2. "Educational" activities were those intended to provide information or acquire certain skills through the use of workshops, seminars, round tables, films, etc.
3. "Material assistance" in the form of cash (20 groups out of 56), books, clothing, food, toys, or gifts of medical devices.
4. "Social and recreational activities" include dances, picnics, parties, sports events and the like.

Table 3.* Groups by Activities Beyond Personal Needs
(Outward Focus)

	Category	No. of groups	Type of Activity: Fund raising[1] No.	%	Lobbying[2] No.	%	Informing professionals[3] No.	%	Informing the public[4] No.	%
1	Compulsion and addiction	30	6	20	2	7	20	67	25	83
2	Parents - education and enrichment	22	9	41	3	14	10	45	16	73
3	Parents of children with health problems	27	17	63	18	67	20	74	23	85
4	Parents - other	21	4	19	14	67	13	62	13	62
5	Emotional/psychological	14	2	14	7	50	7	50	11	79
6	Physical health	65	34	52	38	58	47	72	54	83
7	Homosexual groups	9	3	33	6	67	6	67	7	78
8	Women's groups	13	8	62	8	62	6	46	11	85
9	Social action	14	5	36	13	93	4	29	9	64
10	Single parents, separated, divorced or widowed	32	9	28	9	28	13	41	17	53
11	Other	17	3	18	6	35	6	35	11	65
	TOTAL	264	100	38	124	47	152	58	197	75

* The percentage on each line are not additive, since groups had activities in a number of the categories shown.

1. Fund raising for research (reported by 92 groups out of 100), operating expenses (27 groups out of 100) or others.
2. Lobbying for better services and facilities, more research and others.
3. To inform professionals about the group's existence or on questions of particular interest to the group.
4. Informing or educating the public regarding the group's existence and goals, and providing information, referrals and guidance.

purpose was to obtain better services or facilities, while a decidedly lower number stated it was for research or legislative change (24 and 19 groups, respectively).

Another activity reported by 59% of the groups was the publication of a newsletter or small magazine.

We also asked the groups to name the activity or activities (up to a maxium of three) which they considered most important. Personal sharing was mentioned most often (by 46% of the groups), followed by educational activities for members (25%) and lobbying (15%). Groups which considered personal sharing as one of their most important activities included those in category 1 (compulsion and addiction) (83%), category 5 (emotional health) (71%), homosexuals (67%) and women's groups (62%). In contrast, the emotional health category gave the lowest priority to educational activities, which were chosen by only one of the 14 groups (7%) as most important, compared with 25% as indicated above for all of the groups.

3.3 Membership, Numbers, Networks and Age of Groups

There are only two tables in this section because these statistics did not exist for many self-help groups. Nevertheless, we have been able to estimate some indications of size, based on the information provided by our respondents.

Because of the existence of group networks, there were considerably more groups than questionnaires in the cities we studied. Thus, as we previously mentioned, the 63 questionnaires studied for each of Ottawa and Winnipeg represented 201 and 210 groups respectively. In other locations, our information on the number of groups in existing networks was often incomplete. If we estimate that the proportion of groups and networks is similar in all six locations of the pilot survey, the 264 questionnaires would correspond to about 1000 individual self-help groups.

As for membership numbers, we tried to obtain the total number of members in the groups, the total number of people who attended a meeting in the previous year, and the average number of members attending regular group meetings. We hoped to obtain these data for 1979 and the two previous years (1977 and 1978) but, unfortunately, the data collected were very incomplete. We were

able to estimate the total number of members (corresponding to the thousand or so groups from 264 questionnaires) at 83 000, of which 43 000 belonged to groups which were part of local networks. We tend to think that the total membership figures for some organizations overestimated the number of members actually participating in the self-help group's activities. On the other hand, because of various delays and technical problems, some groups in Montreal and Quebec City could not be contacted during the pilot survey. By extrapolating these data to the whole of Canada, we can finally speak of hundreds of thousands of members of self-help groups.

When we asked our respondents to indicate how people heard about their group, the dominant responses were "through the media" (58%), and "by word of mouth" (53%).

With respect to membership growth from 1977 or 1978 to 1979, 33% of the groups reported an increase, 3% a decrease, 22% stability, 28% unknown and 13% not applicable, since they had been in existence less than a year.

Regarding attendance at regular meetings, 40% of the groups reported that less than 15 people attended.

When group representatives were asked to assess their group's socio-economic status, 15% indicated that their groups were made up of low-income people. While our data are insufficient to determine whether the distribution of economic status within self-help groups is analogous to that in the general population, we can state that a certain proportion of self-help groups are made up primarily of low-income people.

Table 4 shows the composition of groups relative to sex as seen by each respondent. It appears that the majority of members are women.

Among the 264 groups, 36 have a local network of several groups (2 or more), but more than half (146), while being their only local group, were part of an international (66), national (35), provincial (44) or regional (2) network (plus one unknown).

Table 4. Composition[1] of Groups According to Sex

	Category	No. of groups	Perceived Composition: Women only No.	%	Men only No.	%	More women No.	%	More men No.	%	Mixed No.	%	Unknown No.	%
1	Compulsion and addiction	30	2	7	1	3	5	17	6	20	16	53	0	0
2	Parents - education and enrichment	22	13	59	0	0	2	9	0	0	6	27	1	5
3	Parents of children with health problems	27	0	0	0	0	10	37	0	0	15	56	2	7
4	Parents - other	21	0	0	1	5	11	52	1	5	7	33	1	5
5	Emotional/psychological health	14	1	7	0	0	4	29	0	0	9	64	0	0
6	Physical health	65	3	5	1	2	14	22	3	5	36	55	8	12
7	Homosexual groups	9	0	0	1	11	0	0	5	56	3	33	0	0
8	Women's groups	13	11	85	0	0	1	8	0	0	0	0	1	8
9	Social action	14	1	7	0	0	4	29	2	14	6	43	1	7
10	Single parents, separated, divorced or widowed	32	9	28	1	3	12	38	0	0	10	31	0	0
11	Other	17	1	6	2	12	4	24	1	6	9	53	0	0
	TOTAL	264	41	16	7	3	67	25	18	7	117	44	14	5

1. The data simply reflect the respondent's perception; they are not the result of precise measurement.

Table 5. Groups According to Their Age (Length of Time Since Founding)

	Category	No. of groups	Under 2 years		2-5 years		6-10 years		11-20 years		20 + years		Unknown	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1	Compulsion and addiction	30	6	20	5	17	4	13	5	17	9	30	1	3
2	Parents - education and enrichment	22	6	27	5	23	6	27	3	14	1	5	1	5
3	Parents of children with health problems	27	5	19	11	41	4	15	6	22	1	4	0	0
4	Parents - other	21	8	38	5	24	3	14	4	19	0	0	1	5
5	Emotional/psychological health	14	8	57	5	36	0	0	0	0	0	0	1	7
6	Physical health	65	17	26	17	26	11	17	6	9	11	17	3	5
7	Homosexual groups	9	1	11	6	67	1	11	0	0	0	0	1	11
8	Women's groups	13	5	38	4	31	2	15	0	0	2	15	0	0
9	Social Action	14	5	36	5	36	4	29	0	0	0	0	0	0
10	Single parents, separated, divorced or widowed	32	12	38	12	38	3	9	4	13	0	0	1	3
11	Other	17	3	18	6	35	4	24	1	6	3	18	0	0
	TOTAL	264	76	29	81	31	42	16	29	11	27	10	9	3

Table 5 shows that 60% of groups covered are young - less than five years old, in fact, and half of these (about 30% of the total) have been in existence for less than two years. The older groups are dominated by the compulsion and addiction and physical health problems groups.

3.4 Some Financial Considerations, and Respondents' Suggestions for Assistance to Groups

Approximately 60% of the groups request a small membership fee of a few dollars per year.

Table 6 shows other sources of funding. The predominant source is "gifts by members" (65%), which was initially intended to be different from memberships, but which probably was understood by most respondents to include such fees. The total number of groups having received any kind of government funding (municipal, provincial or federal) was 64, or exactly one-third of the 192 groups which received any funds.

Table 7 shows that 30% of the groups in our sample had paid staff members, while 70% did not.

We asked representatives of the groups for suggestions on how to facilitate the work of their group and other self-help groups.

Table 8 gives the results of this question. Suggestions for assistance specific to the group's particular field of interest are the most numerous (77 suggestions), followed by requests for funds or subsidies, and a wide variety of very interesting suggestions. Many of these suggestions are dealt with in more depth in Chapter 6, where we discuss various experiences that may shed light on the implementation of certain suggestions.

3.5 Relationships with Professionals and Institutions

Seventy per cent of the groups reported receiving help from various professionals. The main professional groups mentioned, in decreasing order of frequency were: physicians, social workers, lawyers, nurses, other health professionals, psychologists and teachers. Table 9 shows that professionals assisted about

Table 6.* Groups According to Source of Funding (Other than membership fees)

	Category	No. of groups	No. of groups receiving funds	Sources: Municipal grants No.	%	Provincial grants No.	%	Federal grants No.	%	Gifts by members No.	%	Gifts by public No.	%	Other sources No.	%	Unknown No.	%
1	Compulsion and addiction	30	23	2	9	3	13	1	4	20	87	3	13	0	0	1	4
2	Parents - education and enrichment	22	13	1	8	2	15	0	0	6	46	4	31	4	31	1	8
3	Parents of children with health problems	27	24	4	17	5	21	4	17	16	67	12	50	9	38	1	4
4	Parents - other	21	11	0	0	1	9	0	0	7	64	1	9	4	36	0	0
5	Emotional/psychological health	14	10	0	0	2	20	0	0	6	60	0	0	0	0	0	0
6	Physical health	65	55	3	5	9	16	6	11	37	67	34	62	23	42	2	4
7	Homosexual groups	9	7	1	14	1	14	2	29	7	100	4	57	3	43	0	0
8	Women's groups	13	11	0	0	3	27	3	27	7	64	5	45	2	18	2	18
9	Social action	14	11	0	0	7	64	2	18	6	55	5	45	4	36	0	0
10	Single parents, separated, divorced or widowed	32	15	1	7	6	40	2	13	7	47	1	7	7	47	0	0
11	Other	17	12	2	17	4	33	3	25	6	50	4	33	3	25	0	0
	TOTAL	264	192	14	7	43	22	25	13	125	65	73	38	59	31	7	4

* Percentages for each line are not additive because of possible multiple sources of funds. The percentages refer to the numbers in column 2.

Table 7.* Groups According to Type of Paid Staff[1]

	Category	No. of groups	Groups with paid staff No.	%	Type of Staff: Secretary No.	%	(Executive) Director No.	%	Co-ordinator No.	%	Other[2] No.	%	Unknown No.	%
1	Compulsion and addiction	30	9	30	5	56	0	0	1	11	3	33	2	22
2	Parents - education and enrichment	22	6	27	2	33	0	0	1	17	6	100	0	0
3	Parents of children with health problems	27	10	37	5	50	2	20	1	10	5	50	0	0
4	Parents - other	21	4	19	3	75	1	25	0	0	1	25	0	0
5	Emotional/psychological health	14	1	7	0	0	0	0	0	0	0	0	1	100
6	Physical health	65	26	40	15	58	12	46	1	4	13	50	0	0
7	Homosexual groups	9	0	0	0	0	0	0	0	0	0	0	0	0
8	Women's groups	13	1	8	1	100	1	100	0	0	1	100	0	0
9	Social action	14	3	21	1	33	0	0	0	0	2	67	0	0
10	Single parents, separated, divorced or widowed	32	7	22	4	57	3	43	1	14	6	86	0	0
11	Other	17	1	6	1	100	0	0	0	0	0	0	0	0
	TOTAL	264	68	29	37	54	19	28	5	7	37	54	3	4

* Percentages for each category (line) are not additive. From column 5, onwards, the percentages refer to numbers in column 2.

1. Includes full-time and part-time staff.

2. Examples of other paid staff were: babysitters, animators and community relations officers.

Table 8. Methods of Assistance Suggested by Groups

Suggestion	No. of groups
Suggestions specific to group's area of concern	77
Funds, subsidies	40
Recognition, support, communication and cooperation from and with health professionals	12
Publicity, desire for greater public awareness of self-help groups	10
No needs	8
Volunteers needed	8
Would like to see more communication among self-help groups	8
Need for office and meeting place	7
Information service for better access to existing community resources	4
Assistance from other organizations in the community	3
Need for services (writing, typing, translation, printing, reduced telephone rates)	3
Would like to see more groups of this kind formed	3
Need for staff	2
Information and advice on group leadership (training for leaders, organization, etc.)	2
Public support	1

equally in one of two ways: closely involved as advisors or resource persons or more externally as teachers or lecturers.

Table 10 shows the relationships with various official bodies, and we see that hospitals are the predominant type (50 groups have such ties).

The most frequent ties are those providing groups with material resources, as indicated by 59 of the 138 groups which report some ties with official bodies (43%). The second most frequent type of relationship is for guidance or recommendations made by these organizations to their clients (mentioned by 30 groups, or 22%).

3.6 Definition of Self-Help Groups from Their Own Perspective

Among the 264 groups, 232 (88%) indicated general agreement with the definition proposed by Katz and Bender (see 2.1.1), while 16 groups (6%) did not agree, and the opinion of the remaining 6% is unknown. Table 11 gives details on the groups' agreement or disagreement with each of the six parts of the definition. We see that the first four parts win the approval of most groups (70%), but the last two statements are less representative of the self image of self-help groups.

Table 9.* Groups According to Type of Professional Assistance

	Category	No. of groups	Groups assisted		Type of Assistance: Advisor, Resource Person		Teacher, Lecturer		Other[1]		Unknown	
			No.	%	No.	%	No.	%	No.	%	No.	%
1	Compulsion and addiction	30	8	27	3	38	1	13	3	38	1	13
2	Parents - education and enrichment	22	15	68	4	27	9	60	2	13	1	7
3	Parents of children with health problems	27	24	89	10	42	11	46	4	17	3	13
4	Parents - other	21	17	81	9	53	5	29	3	18	3	18
5	Emotional/psychological health	14	6	43	1	17	4	67	1	17	1	17
6	Physical health	65	57	88	30	53	25	44	7	12	9	16
7	Homosexual groups	9	8	89	5	63	2	25	0	0	1	13
8	Women's groups	13	9	69	2	22	4	44	0	0	2	22
9	Social action	14	7	50	5	71	2	29	0	0	0	0
10	Single parents, separated, divorced or widowed	32	24	75	7	29	14	58	2	8	4	17
11	Other	17	9	53	4	44	2	22	0	0	3	33
	TOTAL	264	184	70	80	43	79	38	22	11	28	13

* Percentages for each category (line) are not additive. From column 5, onwards, the percentages refer to numbers in column 2.

1. The most common "other" type of help was referral to the group.

Table 10.* Groups Having Ties With Formal Organizations, According to Type of Organization

	Category	No. of groups	Groups with ties No.	%	Type of Organization: Hospital No.	%	Other health care facility No.	%	Social service agency No.	%	School No.	%	Church No.	%	Voluntary agency No.	%	Other No.	%	Unknown No.	%
1	Compulsion and addiction	30	9	30	3	33	6	67	0	0	1	11	1	11	2	22	1	11	0	0
2	Parents - education and enrichment	22	5	23	1	20	1	20	1	20	0	0	1	20	0	0	2	40	0	0
3	Parents of children with health problems	27	21	78	11	52	0	0	4	19	4	19	0	0	5	24	4	19	0	0
4	Parents - other	21	15	71	5	33	3	20	6	40	2	13	0	0	1	7	4	27	0	0
5	Emotional/psychological health	14	5	36	4	80	1	20	3	60	0	0	0	0	1	20	0	0	0	0
6	Physical health	65	42	65	23	56	9	22	5	12	1	2	0	0	4	10	18	44	0	0
7	Homosexual groups	9	6	67	1	17	0	0	1	17	0	0	1	17	0	0	3	50	0	0
8	Women's groups	13	6	46	2	33	0	0	2	33	0	0	0	0	2	33	3	50	0	0
9	Social action	14	7	50	0	0	0	0	1	14	0	0	0	0	4	57	3	43	0	0
10	Single parents, separated, divorced or widowed	32	15	47	0	0	2	13	5	33	1	7	1	7	3	20	4	27	1	7
11	Other	17	7	41	0	0	1	14	1	14	0	0	0	0	4	57	3	43	0	0
	TOTAL	264	138	52	50	36	23	17	29	21	9	7	4	3	26	19	45	33	1	7

* Percentages for each category (line) are not additive. From column 5, onwards, the percentages refer to numbers in column 2.

Table 11. Groups' Opinions on Applicability of Definition

1. Self-help groups are voluntary, small group structures for mutual aid and the accomplishment of a special purpose.

Agree		Disagree		Unknown	
No.	%	No.	%	No.	%
203	77	12	5	49	19

2. They are usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about desired social and/or personal change.

Agree		Disagree		Unknown	
No.	%	No.	%	No.	%
205	78	15	6	44	17

3. The initiators and members of such groups perceive that their needs are not or cannot be met by or through existing social institutions.

Agree		Disagree		Unknown	
No.	%	No.	%	No.	%
187	71	27	10	50	19

4. Self-help groups emphasize face-to-face social interactions and the assumption of personal responsibility by members.

Agree		Disagree		Unknown	
No.	%	No.	%	No.	%
181	69	24	9	59	22

5. They often provide material assistance, as well as emotional support.

Agree		Disagree		Unknown	
No.	%	No.	%	No.	%
94	36	123	47	47	18

6. They are frequently "cause oriented" and promulgate an ideology or values through which members may attain an enhanced sense of personal identity.

Agree		Disagree		Unknown	
No.	%	No.	%	No.	%
134	51	54	20	76	29

Chapter 4

Risks or Dangers

Like all other collective human endeavours, self-help groups do, in fact, present some dangers and risks. We shall begin by listing some of them and then discuss in greater detail those which seem to be behind the major criticisms levelled at self-help groups.

The first risk is the temptation some professionals feel to dominate groups, or to compel them to meet professional standards. Similarly, various levels of government, through poorly-designed subsidies - perhaps based on superficial knowledge - can hinder groups rather than assist them efficiently. Gartner and Reissman have mentioned various other risks: cultivating dependence, imposing new rules, creating or reinforcing anti-professionalism rather than harmonizing professional and non-professional approaches in a useful way, or promoting the romantic idea that small groups hold the only key to social change (23).

Gottlieb said that mental health professionals who act as consultants to self-help groups are engaging in an inopportune and potentially dangerous form of collaboration (26). He believes that such consulting roles are inappropriate, given that the social context and the helping processes provided by informal community support systems, including self-help groups, are not well known to professionals, and contrast starkly with the usual institutional framework in which mental health consultation has traditionally been given.

As for risks, the most subtle risk of self-help may lie in the help itself, help given by those who believe they can or must give advice, suggestions or solutions because they have already "been through it". Thus, some leaders or organizers of self-help groups run the risk of behaving like a counsellor or therapist who has forgotten the golden rule taught to all professionals early in their training: do not provide more than 50 per cent of the energy in therapy sessions and allow the client to provide the rest.

4.1 Domination and Control

It may happen, and indeed it often does, that certain members take on a dominant role in a group and exercise noticeable control over the group's activities, making the group dependent primarily on one person. This individual may be more of a hazard than a help to some members, by keeping them in a state of dependence instead of encouraging them to become independent.

This risk, however, must be viewed in perspective and compared with similar risks in the various human groups our society presents. Control and domination by a few individuals or a single person are seen in the business world, in most companies, in government, in voluntary organizations and religious communities and within the family.

We should point out that authoritarian, dominating or controlling behaviours, while they may do some harm, are not in themselves bad things. They are, in fact, necessary for the success of most of humanity's collective projects, whether technical, social or humanistic in nature. Such behaviours are elements of leadership, which is required for the evaluation of any group to carry out its activities.

The harm comes from abuse or excess, and that is our concern in this section. Thus, we might say that someone who abuses authority is authoritarian; one who loves to dominate is domineering, or, in the extreme case, an oppressor. The negative consequences of the behaviour of those who abuse authority or control, or who take satisfaction from domineering, are many. When faced with an authoritarian or domineering person, members of a group or community will have varied reactions and retreat into themselves to greater or lesser degrees depending on the circumstances. Thus, in a period of high unemployment, employees of an authoritarian employer will have a tendency to be even more passive. Similarly, members of a self-help group who are going through overwhelming crises in their lives may find that the presence of a dominant, controlling personality in the group encourages them to turn inward and relinquish their responsibility for taking charge of themselves. An authoritarian and domineering person acts as a brake on the growth or self-confidence, self-esteem, independence of other group members and on their willingness to take risks, explore new avenues and assume personal responsibility.

Two main questions concern us here. The first is whether there are more authoritarian or domineering people among those who form, organize or lead self-help groups than among those who perform similar roles in other kinds of groups. We have no data that would enable us to answer this question with a yes or no. On the other hand, it is interesting that some self-help groups have provided themselves with the means to avoid having certain members of cliques holding power for excessive lengths of time in their organizations. For example, delegates from Alcoholics Anonymous groups cannot serve more than three years and are not eligible for re-election, and the members of A.A.'s General Service Board are elected for a six-year term, with no possibility of re-election (48, p. 24). Such a rule does not prevent domineering or authoritarian members from being elected but does prevent them from renewing their mandate or becoming life members of the executive.

The second question is whether the risks of negative consequences of the abuse, domination or control are proportionally greater in self-help groups than in other groups in our society. The answer to this question appears to be affirmative, insofar as the majority of self-help group members are going through a difficult period in their lives and are, therefore, more fragile and psychologically vulnerable and more liable to become dependent.

In short, it appears that we do not know whether or not self-help groups have a higher proportion of domineering or authoritarian members than other groups in our society. It also appears that some self-help groups have made organizational arrangements to prevent long-term control of their groups by certain individuals. Finally, it seems that the temporarily increased psychological fragility of the members of self-help groups may expose them to greater risks from authoritarian or dominating behaviour and that these risks must be kept firmly in mind.

4.2 Lack or Overestimation of Knowledge; Objective and Subjective Knowledge

Undoubtedly, the most frequent criticism heard about self-help groups concerns their lack of knowledge and objective information and the risks resulting from these shortcomings. Such criticism usually comes from professionals or experts who have acquired solid technical or scientific knowledge or from people

who, when faced with a personal problem, automatically go to an expert for advice, rather than trying to solve their problems themselves or contacting someone who has been through a similar situation. Since this criticism comes from well-known and knowledgeable people, it has a degree of impact that we cannot ignore.

A useful distinction to be made when discussing the knowledge acquired by participating in a self-help group is that between objective and subjective knowledge. Objective knowledge is the whole body of facts and results obtained through systematic observation or scientific research, while subjective knowledge refers to one's personal and individual experiences. This distinction could lead us into lengthy discussion, since the subjective and objective aspects of knowledge are often closely related. However, it does serve to shed light on certain strengths and weaknesses of the activities of self-help groups.

When someone must face a chronic illness, a sudden handicap, alcoholism or a divorce, it is undeniably important to have access to objective information on the medical, social or legal aspects of the problem. Members of self-help groups exchange such information, refer to appropriate books and magazines or consult professionals. Many groups, as we saw in Chapter 3, emphasize educational activities, workshops, lectures and the like. Nevertheless, in the midst of a crisis or the shaking of one's life foundations, an individual does not always need objective knowledge as much as comprehension and personal understanding of the problem, that will enable him/her to accept and/or change certain personal aspects of life, while retaining the motivation to change in a positive way. The sharing of personal experiences, subjective information, that is part of self-help groups' activities, often creates a kind of sympathetic vibration in another member who suddenly finds himself/herself enlightened and reassured about the outcome of the situation. This provides courage to go ahead and overcome problems.

In some cases, the criticism that a self-help group lacks objective knowledge of the general problem that its members face seems unfounded. Alcoholics Anonymous has been criticized because it does not know or understand the social factors in alcoholism or the role of certain production factors or advertising. Such knowledge, while scientifically well-founded, would be of little use to A.A. in its goal of helping members who have lived through a multitude of problems associated with alcohol abuse to remain sober, one day at a time.

In other cases, misunderstanding certain aspects of a disease or believing in erroneous practices may be harmful. This is the belief of a behavioural psychotherapist (28), who thinks that many self-help groups prevent people from obtaining appropriate forms of assistance (behaviour modification, in this case) which they need. In contrast, in conclusion to their varied research on self-help groups, Lieberman and Borman (40, p. 408) indicate having encountered only a few cases of harm resulting from participation in a self-help group, which compares favourably with studies on the consequences of psychotherapy, which report a small percentage of cases with a negative outcome.

Another aspect of this question is the overestimation of their own knowledge and abilities that some members of self-help groups may develop. In part, this is a general phenomenon, which is seen most often in novice leaders or organizers of such groups. The discovery of their real therapeutic abilities is often a personal revelation for many group leaders and encourages them to use this newly discovered and not yet mastered potential, without realizing that this ability to help others is basically a function of having shared one's own personal experiences or subjective knowledge. The risk, therefore, lies in mistaking one's subjective knowledge for objective knowledge, and instead of simply sharing these personal experiences, to begin to give advice and later take more and more control over the group and its members.

This risk of over-estimating one's abilities has been well recognized by many groups who have armed themselves with rules or mechanisms to deal with it. However, we must note that this risk is not without positive consequences. Many groups, not letting their lack of knowledge inhibit them, help to question the abusive control exercised by those who have "knowledge" - the professionals or officials.

Some groups, because they have been criticized for their lack of knowledge or expertise, will have an even greater tendency to over-estimate their knowledge and develop rigid attitudes. A vicious circle then develops which alienates them further from the segment of public opinion influenced by professional opinions. Constant efforts must be made to break this vicious circle, on at least two fronts. First, it is vital that professionals give more recognition to the value and

fundamental role of the experiences and subjective knowledge of the members of self-help groups and the specific contribution they make, while accepting the limitations of members' objective knowledge. The second front is more delicate, since many self-help groups are composed of people who already suffer from some discrimination in our society and by that very fact find themselves in an inferior position for which they may well wish to over-compensate. In such a situation, the mutual support and experience-sharing activities contributing to enlarging or strengthening their subjective knowledge must be unstintingly supported, in order to conserve the energy needed to carry out the group's self-appointed goals in terms of personal or societal adjustments or changes.

4.3 Social Adjustment and Antagonism Toward the Rest of Society

Under this heading, we will say a few words about two other frequent criticisms.

Self-help groups are often accused of encouraging their members to adjust to society's norms rather than to call them into question, thus fostering stagnation rather than social change (55). This may well be true of some groups but, as we saw in Chapter 3, many groups which address themselves to social problems make efforts to create new services, improve legislation or carry out political activities in order to acquire research funds. As for some other groups which restrict themselves to personal changes and voluntarily forego the activities or struggles to bring about social change, it is often a wise decision that takes the available energy of the members into account. Members may need all of their energy to resolve their personal crises and may not be able to work at the societal level at this period of their lives.

The second criticism concerns a spirit of clannishness or sectarianism which may tend to create antagonism between certain groups or between one group and the rest of society. Such groups are easily blamed for the fragmentation or even the dissolution of society. While this criticism may be justified in some instances, like the first one, it disregards some fundamental aspects of human development.

Each person has a need to develop a feeling of belonging, which takes various forms during a lifetime. For many people it develops in the family in early years, then at school, with friends in the neighborhood, etc. At the same time, and out of this feeling, develops self-acceptance, nearly indispensable to the acceptance of others. Feelings of belonging and acceptance of others are often challenged as one passes through various life crises. Our acceptance of others is usually restricted to a small fraction of all persons - those for whom we have been able to develop a certain affinity or have come to know. The ability to accept others may be reduced considerably when one is going through a crisis and, thus, many groups have developed defence mechanisms that express themselves as a rejection of outsiders, a rejection that some groups regard as temporary.

Chapter 5

Socio-Economic Perspective and Social Policy

5.1 Socio-Economic Perspective

In view of our emphasis on the psychological aspects of self-help groups, the reader of this report may be tempted to consider such groups simply as a humane alternative, but in fact they are becoming increasingly necessary from both the social and economic perspectives. This chapter offers some facts and ideas related to the socio-economic aspects, which may lend themselves to examination using cost-benefit analysis.

5.1.1 Economic Considerations - Two Examples: The Elderly and Social Assistance

Personal economic and social dimensions of our lives are bound together. Having examined the psychological and social aspects of self-help groups in the preceding chapters, let us now look at certain economic aspects of the contribution these groups make to increased productivity or reduced social costs. The question of their production will be examined in the next section, in which we refer to some figures on volunteer action in Canada.

Self-help groups illustrate the importance of consumer participation in making personal services effective. In education as in health or social services, productivity depends primarily on the labour force and to a lesser degree on the facilities, contrary to the situation in other sectors. In human services, the consumer plays a key role in the final outcome depending on his/her knowledge, experience, motivation and active participation. A good teacher knows how to get the student involved in the curriculum. A conscientious physician knows how to motivate patients and ensure that they become involved in their own treatment.

In self-help groups, where members give and receive, the consumer is also simultaneously or sequentially the producer of services. This unusual feature has led to the hypothesis that, in human services, the more a consumer plays this double role, the greater the productivity will be (23). Self-help groups can increase human services productivity in two ways. First, members' experiences enable them to become more active consumer-participants in various systems of personal services (health, education, etc.). Second, certain militant groups are working to

claim their rights and demand improvements in existing services and legislation, so that the point of view of consumers is taken into account. Take the example of cardiac patients, of whom only a small percentage take their prescribed medication regularly. This engenders a considerable economic loss and very poor medical effectiveness as the result of inappropriate motivation of patients or of a prescription not suited to the consumers.

We can illustrate the potential economic contribution of self-help groups in the next two or three decades, first considering the cost of social programs for the elderly and then those of social assistance or welfare. The reduction in costs we envisage would be due to an increase in productivity, as illustrated above, and to the slowed-down increase in the budgets needed to support various programs, since individuals will be increasingly capable of taking responsibility for themselves and helping each other, without a constant need to create or call upon new services (either governmental or private) to meet thoroughly legitimate needs. This is a matter of forecasting, and the hypotheses presented here are corroborated by many economists who have studied a number of current social issues in some depth, e.g., the OECD international conference in Paris in October 1980 (18).

With respect to the elderly, we know how costly it is to build senior citizens' homes and to operate such institutions. We also know that most old people would prefer to remain in their own homes rather than enter such a facility. Any self-help groups or organizations in the community formed by and for older people can make a great contribution to decreasing the isolation and loneliness of their peers, strengthening their community ties and helping them find ways to cope with various physical and material difficulties, thus assisting those who would rather stay at home. Such groups can also contribute greatly to defining and improving a number of services that correspond to the real needs of the elderly, as defined by those concerned. Such groups will undoubtedly proliferate in the next 10 or 20 years, for three major reasons. First, a much larger number of older persons will already have had experience with various self-help groups, for various reasons, during their lives, and therefore will be more familiar with methods of forming groups or associations. Second, the development of various means of disseminating communications and information will facilitate formation of such groups. Finally, increasing economic and demographic pressures from the unprecedented high number and population percentage of Canadians over 65 during the next 20 or

30 years will make it imperative for society to find more humane and less costly alternatives to institutional services (such as old age homes or hospitals). These facts have been recognized by Quebec's Minister of State for Social Development in a recent publication (43) indicating the government's two priorities for intervention based on maintaining the elderly in their natural environment as much as possible:

- assist the financially worst-off old people who must spend too much of their income on housing; and

- encourage the practice of staying in one's own home, by emphasizing home care services and also by setting up a broad mutual aid program to be carried out by seniors themselves.

We should point out that the Quebec Department of Social Affairs has recently (1979-80 and 1980-81) established a sizeable program to finance voluntary organizations operating in the field of home care (17). Some groups supported by the federal New Horizons program also share these goals; one example is SAS (Seniors Assisting Seniors) in Alberta, a self-help group run by and for senior citizens to organize the exchange of various services.

With respect to social assistance or welfare, one figure should suffice to show the scale of costs involved. In Quebec alone the social assistance budget has risen from about $500 million to $1 billion dollars in only five years. There are a number of factors behind this dizzying growth, particularly certain changes in the unemployment insurance regulations that brought new clients to the welfare rolls. If we wished to try to reduce the number of welfare recipients, we must first look at their profile and the circumstances that bring someone to apply for assistance. Various studies have pointed to a lack of job opportunities and a lack of training. Various life crises have been identified, such as separation, divorce, accidents or illness, the death of the spouse, lack of motivation or failure in seeking stable employment. It has also been pointed out that welfare recipients are socially and psychologically cut off from their community and that many are also single people or single parents.

Among the major factors that lead to requests for social assistance, two are of particular interest to us here. On one hand, the person is facing crises in his/her life and, on the other hand, he/she receives inadequate support from those who are closest. Since most self-help groups address themselves precisely to these two situations, they should be considered as one important means of helping people who would otherwise apply for social assistance, by supporting them in dealing with their own problems. This is even more significant among young, able-bodied welfare recipients whose numbers have been increasing in recent years. With regard to social assistance, we may hypothesize that self-help groups are a particularly apt form of prevention: they help people whose backs are against the wall as they face life's problems, to gain the energy they need to look for work (at least for those who have not lost their actual ability to work, but who have lost motivation, confidence and self-esteem).

5.1.2 Voluntary Action and Its Economic Contribution

A number of studies on voluntary action in recent years have made it clear that Canadians provide many hours of voluntary work through a wide variety of organizations and associations, which provide all kinds of services in the fields of health, sports, recreation, culture, etc. The People in Action report (15) gives a minimum estimate of $1 billion to the value of all volunteer work. A survey conducted by Statistics Canada in February 1980 asked respondents to report the number of hours they spent in volunteer activities (hospitals, health care organizations, youth clubs, senior citizens' groups, sports associations, etc.). Using these data, the total contribution of volunteer work was calculated at about 212 000 person years, provided by some 2.7 million Canadians (about 15 per cent of the population aged 15 or more). This "production", if calculated on the basis of a minimum hourly wage of $3.50, would amount to $1.3 billion; on the other hand, if calculated on the basis of an average industrial salary of $15,000 per year, this "production" would amount to $3.2 billion. We should note that the survey reported primarily on voluntary services provided through various organizations to various people, and it is likely that many members of self-help groups, unless they were involved with organizing the group, did not mention their participation in the group as a volunteer activity. Nevertheless, since self-help groups constitute one of the most important driving forces and factors behind the growth and renewal of volunteer activity in the social and personal services sphere, the figures above do

show some of the importance of self-help in economic terms. We hesitated in quoting these few figures on voluntarism, on the one hand because the definition of the area they cover is somewhat vague, and on the other hand because assigning a monetary equivalent to volunteer work is contrary to the philosophy of most volunteers. We do believe, however, that more precise data on the activity of voluntary organizations in the social sector, particularly self-help groups, would help governments and the public better recognize their contribution to our society.

5.2 Participation, Mediating Structures, Health and Community Action

5.2.1 Participation and Mediating Structures

A recent publication (2) highlighted the role of mediating structures in public affairs and social policy, mediating structures being defined as institutions situated between the individual in his or her private life and the large institutions of public life. The authors, Berger and Neuhaus, discuss four categories of mediating structures: neighbours, family, church and voluntary organizations. Much of their discussion applies precisely to self-help groups, which we see as mediating structures of the future. The authors first recognize that there are two opposing currents in social policy. One is the desire for continuity, improvement and expansion in existing services and the other is the distrust of governments, bureaucracies and large structures. In this situation, the existing mediating structures are considered as alternate means for procuring the needed services and means, which, when considered seriously, can serve as the foundation for major innovations in certain sectors of social life, particularly in health and social services. Governments have some awareness of the frustrations or animosity many citizens feel toward various programs and would like to encourage increased citizen participation in matters that affect them.

This desire to have citizens take a more active role in public life and decisions has been expressed by many governments in Canada, and in many other countries, with few satisfactory solutions. The mediating structures are thought to be essential to such participation in a democratic society. These authors recommend that public policy should protect and encourage mediating structures in order to achieve certain social goals.

Among the voluntary organizations, Berger and Neuhaus are especially interested in those which provide social services related to recognized public responsibilities. In this respect, they object to the notion that everything public should automatically be governmental, believing that this concept is contradictory to American democratic principles and creates clients of the state rather than free citizens. They also recognize a close link with the tendency to professionalization. In government and non-government institutions, professionals are attacking services they see to be inferior, where inferior usually means non-professional. Through their organizations and pressure groups, professionals are persuading the government to establish more standards, laws and regulations which hit voluntary organizations increasingly hard - particularly organizations that employ active volunteers. There is a resulting trend to state monopoly, operating in tandem with the trend to a professional monopoly on social services. Professional standards, while important in many fields, should be regarded with healthy skepticism when experts exercise their sway over the way people lead their own lives.

Finally, the authors remind us that proposals for community participation are not new, but that too often the institutions used to facilitate community participation are not those already existing in the community but ones created by those in charge of particular programs. In short, the failures of such programs have resulted from an inability to make use of existing mediating structures. While recognizing the risk that these structures may be coopted or absorbed by the government, or that they may become the instrument of destructive forces, the authors conclude that in the final analysis they are a major challenge to the political imagination.

5.2.2 Participation and Health

In this section, we wish to point out some basic links between participation and health. In the preceding section we showed how various mediating structures (neighbours, family, church and voluntary organizations), especially self-help groups, were essential to citizen participation in public life and decisions, since these structures are closer to the daily concerns of most citizens than are many government services.

With respect to the health sector, in which governments have played increasingly important roles through the sixties and seventies, an attempt has been made to get citizens involved in the management of various services or programs. In particular, we refer to Quebec's efforts to set up a complete, decentralized network of local community service centres, each managed by a board of directors including five user-representatives. This is the first level of participation. The second level is, in a way, the opposite of the first. In this case the government is not trying to encourage citizen participation in its programs, but groups of citizens are forming to undertake voluntary action (in citizens committees, community groups or self-help groups) aimed at taking care of certain community problems, with or without the government's help.

In the first level of participation, the example of local community service centres involves a contribution to the health services delivery system in which it is difficult to interest many individuals (although we must acknowledge that some of these centres have succeeded in getting a considerable proportion of their populations out to vote for the board of directors).

On the other hand, there is a direct link between our health and participation at the second level, including, among others, the self-help groups and other groups which contribute to strong relationships (social, friendly or of common interest) between and among individuals. This is a very important but as yet little-known factor in health, as a number of different epidemiological studies have shown recently, in particular a nine-year study in California (3), which indicated that mortality among people with the most social contact (relatives, friends and membership in various groups) was only half the rate for other people. The very process of participation, in the form of group membership, can generate health. In other words, we may say that participation leads to better health and that the reverse is true as well, since people in good health are better able to participate. From this we can say that self-help groups, simply because of the solid ties they create among their members and independent of the specific content of their activities, have a considerable impact on their members' health.

5.2.3 Self-Help Groups and Community Action

During the seventies the concept of community action inspired many changes in the way some health and social services professionals operated and in the way a number of educational institutions were organized. Thus, community health or community medicine departments appeared in medical schools and hospitals, all kinds of community health and service centres sprang up in a more or less organized way, and new academic specialties were born, such as community psychiatry or community psychology. These efforts and changes were motivated by a renewed awareness of the frequent inefficiency of purely individual care. This awareness was fueled by the results of research in a variety of disciplines, such as epidemiology and sociology. It was becoming more evident that in order to help an individual, it was often not enough to offer an individual "cure" but to consider his/her family and the community in which he/she lived, as social workers could see from their daily work. In some cases the "community" label was only a change in the words, as the concept of community education corresponds to the older ideas of "social animation" or popular education.

Over the past few years both public and government interest in the voluntary sector has increased, although often more in intentions than acts. Some prefer to focus on the volunteers themselves, while others stress voluntary organizations and yet others the entire voluntary sector. Still others consider that community-based voluntary action should be emphasized, to reinforce our identity with our neighbours and our geographic environment.

Most self-help groups do not function on the basis of a geographic community but rather in terms of a community of interest, having formed to meet similar problems or crises. They often gather together geographically dispersed people who, because their situation occurs relatively rarely, have little chance of meeting people in similar situations in their nearby environment.

Thus, it seems legitimate to place self-help groups within the broader field of community voluntary action, of which they are often a new form, but with two distinctions to prevent confusion. First, as voluntary groups, self-help groups are primarily interested in the exchange of services among interested parties rather than in the provision of services to others. Second, in terms of community action, their community is one of interest or situation rather than of geography.

Chapter 6

Suggestions and Examples to Assist Self-Help Groups

6.1 Introduction and Principles of Assistance to Self-Help Groups

In this chapter we begin with the assumption that the many benefits of self-help groups largely outweigh the possible risks or disadvantages, as shown in the previous chapters. Therefore, the suggestions which follow are intended to bring existing self-help groups or networks of groups forward, strengthen them and help them grow, as well as to create favourable conditions for the birth and growth of new groups. We should remember that self-help cannot be imposed or created by outside agents, but that it can be stimulated, assisted and made easier.

The suggestions made here are based on the writings of various authors, many contacts with members, organizers and consultants in self-help groups, attendance at some self-help group meetings, participation in various seminars, conferences and workshops that introduced members of self-help groups to various professionals (in both the United States and in Canada) and on the results of the pilot survey carried out across Canada early in 1980 (Chapter 3).

The following suggestions are addressed to members and organizers of self-help groups, to the professionals who may assist them, to voluntary organizations (which sponsor or may wish to sponsor self-help groups), and to the various levels of government (municipal, regional, provincial or federal). In fact, many of the suggestions cannot be implemented without the joint efforts of two or more parties. These suggestions are not, therefore, restricted to possible federal government activities but cover a range of activities to which the various levels of government or other organizations can make a specific contribution, either through existing programs or new activities. We should also point out that a number of federal programs already assist certain self-help groups (although these are rarely identified as such) within the framework of assistance to various voluntary groups or organizations. These include the Departments of the Secretary of State, National Health and Welfare, Employment and Immigration, Consumer and Corporate Affairs, Environment, etc.

We should also recognize that some groups are interested in receiving assistance in some form from some level(s) of government, while others prefer to remain strictly independent.

Suggestion 1

ALL LEVELS OF GOVERNMENT SHOULD BE MADE AWARE OF THE EXISTENCE AND IMPORTANCE OF SELF-HELP GROUPS IN OUR SOCIETY. THE PRESENT STUDY IS A FIRST STEP TOWARD THIS AWARENESS.

Until now, assistance to self-help groups has been essentially the result of the labours of isolated individuals and professionals (concerned about one specific problem), sometimes supported by particular voluntary agencies or institutions. In future, we shall probably see assistance to self-help groups increase, not only that provided by individuals and professionals with a direct interest, but also from various organizations (some voluntary), institutions (governmental or non-governmental) and associations (professional and non-professional) that recognize the merits of self-help groups. These organizations naturally tend to perceive the merits of self-help groups in the light of their own objectives. They will be especially attracted to the possibility of reaching a greater number of people through the group, instead of providing individual services or contacts, or to the growing desire of many Canadians to take charge of and responsibility for the issues surrounding their health, environment and social context. Such institutions or organizations may be tempted, however, to "use" self-help groups to provide services that meet their own goals, to the detriment of the self-help group's own internal dynamics. This leads to our second suggestion.

Suggestion 2

VIGILANCE IS REQUIRED WITH RESPECT TO THE CONSTANT POSSIBILITY THAT CERTAIN PROFESSIONALS OR FINANCIAL SPONSORS MAY INTERVENE OR CO-OPT SELF-HELP GROUPS, AND AT THE SAME TIME, THE SEARCH FOR APPROPRIATE COOPERATIVE ARRANGEMENTS MUST CONTINUE, IN ORDER TO EXPAND SELF-HELP GROUPS AND TO MAKE THEM BETTER KNOWN.

In order to avoid these pitfalls, all parties concerned should refer to the general principles for self-help groups included in the definition proposed in Chapter 2 and to two of them in particular. One is that voluntary mutual assistance is involved, where each member alternately gives and receives. The other is that the members who lead, guide or participate in the group's activities have all recognized that they face a common problem.

In Chapters 2 and 3 we saw great variety among the self-help groups that work in very diverse areas and carry out many different kinds of activities. Instead of proposing specific suggestions for these various categories, we have chosen to isolate the two main lines along which we can assess the contribution of self-help groups in the aggregate.

Suggestion 3

SELF-HELP GROUPS MAKE A CONTRIBUTION IN TERMS OF BOTH PROCESS AND CONTENT AND THE MUTUAL-AID PROCESS IS OFTEN MORE SIGNIFICANT THAN THE CONTENT OF ACTIVITIES.

The process is the fact that a number of people have decided to meet regularly, do certain things together, share their experiences, communicate in certain ways, share the responsibilities, get new members to participate, etc. The process corresponds to the way the group operates.

The content is the fact that the group addresses itself to the problems of separated or divorced parents, the physically handicapped, cancer patients, parents of leukemia victims, alcoholics, or others. The content is also the fact that such a group emphasizes educational activities or political pressure to change legislation or research on a disease. These are the objectives the group has set for itself.

In the health field, the research and studies mentioned in Chapter 2 have clearly shown that the self-help process can generate health and that it is an important factor in promoting health, and mental health in particular. Thus, when certain target groups in society have been recognized as disadvantaged in terms of health, or for some social reason, it will be seen that encouragement to form or expand self-help groups can be very useful, simply as a function of the benefits

resulting from the process, without regard to the content of their activities. We shall see later (in section 6.5) what consequences this principle has on the possible methods of financing such groups. We should point out that the quality of process is important but extremely difficult to evaluate. In some cases it will be difficult to decide whether the public interest would be served by assisting certain groups, because in contrast to some voluntary organizations recognized as being valuable to the public interest, self-help groups represent minorities (particularly militant groups). Still it is often in the public interest to help these groups express themselves and carry out their activities. Receiving the approval of government will often depend on society's tolerance for certain groups.

6.2 Gathering and Disseminating Information on Self-Help Groups

6.2.0 Introduction

Information dissemination is one basic activity that must be highlighted in future, in view of the general public's fundamental ignorance or misinformation on the subject of self-help groups. We must design methods of selective dissemination that maximize the opportunity for all people who might eventually join a group to obtain appropriate information on the existence, operations and activities of various groups and how to contact them. Such methods would complement or support word-of-mouth information passed on by personal contact between present or former members and potential members, one of the main methods of recruiting new members. We wish to point out various information-dissemination methods without proclaiming the special merits of any particular group. Taking alcoholism as an example, there are many self-help groups based on different principles. Separated and divorced parents, too, may join groups of differing orientations. There are many other examples. Referring to Suggestion 3 above, we can now offer:

Suggestion 4

SET UP INFORMATION-DISSEMINATION MECHANISMS WITH THE PURPOSE OF MAKING PEOPLE WITH CERTAIN PROBLEMS AWARE OF THE EXISTENCE OF ONE OR MORE SELF-HELP GROUPS, EMPHASIZING THE BENEFITS OF MUTUAL AID AND SELF-HELP GROUPS IN GENERAL (PROCESS) SO THAT EACH PERSON CAN DECIDE WHETHER A SPECIFIC GROUP MEETS

HIS/HER NEEDS, PARTICULARLY WITH RESPECT TO THE CONTENT PECULIAR TO EACH GROUP.

The accent will be on touching the individual's existing motivation as he or she faces a specific problem and seeks a solution or support. To this end, it is important to get the information to social organizations and to professionals who would likely transmit the information to some of their clients. There is an increasingly influential role to be played by such professionals and organizations if they are open to approaches other than theirs and who have recognized the merits of self-help groups.

6.2.1 Local Inventories and Directories

Suggestion 5

DIRECTORIES OF SELF-HELP GROUPS SHOULD BE CREATED IN EVERY COMMUNITY, UPDATED PERIODICALLY AND DISTRIBUTED APPROPRIATELY.

This suggestion was one of the recommendations made by a working group from the President's Commission on Mental Health (47) concerning community support systems (Vol II) in the United States, which dealt with self-help groups as "new" forms of support systems. The American working group suggested that such directories should be put together by community mental health centres. We in Canada must decide which organizations would be in the best position to take on this task. We make some suggestions below as to how and by whom such inventories or directories could be developed. The discussion in section 6.2.3 sheds some light on possible locations for information centres on self-help groups.

A good number of these directories have appeared in the last few years. One small handbook and directory of 35 self-help groups in Metropolitan Toronto (21), published in 1977 and distributed by the Metro Red Cross Association, was compiled by A.E. Farquharson, now a professor in the School of Social Work at the University of Victoria, where he has published another small directory of self-help groups located in Victoria (20). In 1979, Zelda Harris, a social worker at McGill University, produced a directory of English-language self-help groups in Montreal (30), which provides information on 59 self-help groups.

In Toronto, the work continued and an excellent small guide to existing groups, classified by categories and with an interesting annotated bibliography, was published in November 1979 by the Thistletown Regional Centre (6), a mental health centre for children and adolescents with emotional problems. This book was very favourably received by the various agencies and professionals to whom it was distributed and has been mentioned in Toronto newspapers in articles on self-help groups. An updated edition was planned for 1981.

As an illustration, we shall now present some details on the directory of self-help groups in Ottawa (English-speaking) (44), which was compiled in 1980 as a result of our pilot survey in a number of Canadian towns and cities (Chapter 3).

This Ottawa Directory gives information on 65 self-help groups, networks or associations that carry out self-help activities. The largest number of groups is found in the Alcoholics Anonymous organization, with 88 small groups in the Ottawa area. They meet at various times and places during the week (community centres, churches, hospitals, etc.). The associated Al-Anon network (for relatives and friends of alcoholics) has 21 smaller groups in the Ottawa region and there are three Alateen groups for teenagers affected by someone's drinking problem. Thus, the first three groups listed in the Ottawa Directory (A.A., Al-Anon and Alateen) correspond to a real total of 112 smaller groups operating in the Ottawa area. This is an extreme case, as most other groups operate on their own or as a smaller network of a few local groups (as does T.O.P.S. - Take Off Pounds Sensibly).

The Ottawa Directory is a 45-page booklet comprising two pages of introduction followed by descriptions of each group, in alphabetical order (two groups per page), a one-page bibliography, an alphabetical index and a subject index. The description for each group includes information on the group's objectives, main activities, meetings, any publications, membership fees (sometimes a few dollars per year) and the name, address and telephone number of one or more contacts.

Four hundred and fifty copies of the booklet were printed. Three hundred were initially distributed in April 1980 to various individuals, agencies and institutions working in the social services field. The remaining copies went out during the next two or three months, in answer to requests from interested

individuals or from organizations wishing to give copies to their social workers. These included the Children's Aid Society, the local office of the Ontario Ministry of Community and Social Services, and others. College and university teachers of social work also requested copies in order to give their students the benefit of this information. As well, copies were sent to a variety of other professionals. Many letters were received expressing astonishment at the variety of groups in operation and appreciation for the work involved in gathering the information.

Once the Ottawa Directory had been compiled (with the help of a subsidy from the federal Youth Job Corps program for unemployed youth), a local community centre, the Olde Forge, where a number of self-help groups hold meetings, agreed to take responsibility for continuing the project by replying to information requests and ensuring that the Directory is updated regularly. By the end of 1980, all groups had been contacted for new information. Changes in addresses, telephone numbers or contacts meant that there were changes to almost every page. In addition, in less than a year, two groups had ceased operations while a half-dozen new groups had appeared. The work of updating the Directory was done by a volunteer, and the community centre obtained a $460 grant from Secretary of State to print some 500 copies of a new edition which became available in May 1981.

Local directories of self-help groups should not be thought of as effective tools for changing attitudes or behaviour toward self-help groups. Such change can only develop slowly and all the suggestions provided in this chapter can only contribute to this change in various ways. The people who are most likely to use these directories are those who have already heard of some self-help groups and will use the directory to obtain precise information. Such inventories are most useful to the agencies and professionals who already have a favourable attitude toward self-help groups or the principle behind them, and will provide them with specific information on the range of groups in their area.

From the point of view of the groups themselves, particularly brand-new ones, being listed in a directory with community-wide distribution can contribute to increasing their confidence and reassure them of the value of their activities, especially in the moments of discouragement which occur in all self-help groups.

The idea of selective dissemination mentioned earlier means that directories would only be distributed to individuals or agencies known to be interested. All community centres and social agencies should have at least one copy available (especially agencies such as the Distress Centre or Tel-Aide who rely on volunteers to answer telephone calls from people in distress). Every social worker should have a copy of the directory as well. At present, however, it is less clear whether each physician, nurse, psychologist or lawyer should have a copy. Most of them are unfamiliar with, or may even be suspicious of, these groups and might keep the directory on their bookshelf but never use it. We received one interesting suggestion: make contact with the local offices of the professional associations and using this channel (through a newsletter, for example) inform the member-professionals of the existence of a local directory that they could have by requesting it, thus demonstrating their interest. Another interesting way to distribute a local directory of self-help groups was used in Winnipeg. Just as the directory was completed, training sessions were being held for guidance counsellors in sixty-odd Winnipeg companies in cooperation with the local United Way, and the directories were given to all these counsellors. They were then more aware of the local self-help groups and able to discuss them in their training sessions.

Finally, we should point out that some cities and towns already have directories of social services, voluntary organizations or other community resources that may mention existing self-help groups. In such cases, a separate directory for self-help groups may be seen as superfluous or useless duplication but it might be necessary to evaluate the situation (perhaps no more than the name and telephone number), if they include only long-established self-help groups or if they are not distributed usefully.

6.2.2 Utilizing the Media: Newspapers, Magazines, Radio, Television

Suggestion 6

THE VARIOUS MAGAZINES AND JOURNALS PUBLISHED BY GOVERNMENT AGENCIES IN THE SOCIAL FIELD, AND PROFESSIONAL JOURNALS, SHOULD REGULARLY SOLICIT AND PUBLISH ARTICLES ON SELF-HELP GROUPS.

Many self-help groups have their own magazines or newsletters which often feature personal stories by members, or accounts of various groups' activities, which deserve to be distributed outside the circle of membership itself. A special "self-help groups" column could be created in a number of periodicals that reach professionals and public servants in the social services sector. The magazine of the Greater Montreal Social Services Centre was planning such a column in 1979. Most provincial or federal government departments in this field have wide circulation publications that could stimulate interset in self-help groups in various fields: mental health, health education, chronic illness, single-parent families, etc.

Similarly, radio and television programs could contribute to a greater public awareness of the principles behind self-help groups. Farquharson (22) mentions a program on self-help groups that was broadcast in five British Columbia communities, using the Hermes communications satellite. Early in 1981, Toronto viewers were able to see several programs by a member of Recovery Inc. (for former mental patients) and a social worker who had collaborated with many self-help groups. Such initiatives should be encouraged, so that the public will have a chance to see or hear first-hand reports of the activities of various groups.

The need to improve relations with the media was recognized by the People in Action report on voluntary associations, in order to "make up for the lack of in-depth reporting on voluntary action which is undramatic but important to the community" (15, page 46). The National Advisory Council on Voluntary Action made a recommendation that applies equally well to self-help groups; namely, for "Voluntary associations (to) identify the various media in their communities, acquire an understanding of their functioning, determine the size and nature of their readership and audiences and discuss with media representatives the best means of working with the media and communicating with the public." (ibid). In this respect, the example of the Vancouver Sun should be noted. This newspaper, in cooperation with local radio and television stations, allows off-duty journalists to teach recognized United Way voluntary associations how to present their information to the media in order to ensure its transmission.

6.2.3 Regional and National Clearinghouses on Self-Help Groups

Suggestion 7

DEVELOP CLEARINGHOUSES ON SELF-HELP GROUPS ACROSS CANADA IN ORDER TO COLLECT DOCUMENTATION, PUBLISH NEWSLETTERS AND OTHER ITEMS, PROVIDE TRAINING AND TECHNICAL ASSISTANCE AND ORGANIZE OR SPONSOR PERIODIC REGIONAL CONFERENCES ENABLING PROFESSIONALS AND GROUP MEMBERS TO LEARN FROM ONE ANOTHER.

Some regional clearinghouses could also make it a priority to encourage the activities mentioned in 6.2.1 and 6.2.2, local directories and use of the media. Such information centres would serve primarily as a link connecting the resources available in the community: between professionals and self-help groups, self-help groups and social services agencies or institutions, and a link to the public through a telephone information service.

The Self-Help Reporter, a newsletter published every two months by the National Self-Help Clearinghouse in New York (45), is an excellent example of a concise eight-page bulletin (a format which has not changed in its four years of existence). It contains a gold mine of information on the activities of all kinds of groups, publications, reports or conferences that might interest self-help groups.

The National Self-Help Clearinghouse, an information centre located in New York City, has organized many workshops, conferences and training seminars over the years for groups of professionals and members of self-help groups. The talent and enthusiasm of the Clearinghouse's Co-directors, Frank Riessman and Alan Gartner and their many collaborators, have led to the production of many local directories of self-help groups in the United States, the establishment of a number of regional clearinghouses and the production of training manuals (see below, section 6.6). We should also point out that their bulletin, the Self-Help Reporter, has helped many Canadian self-help groups and professionals make contact. Some workshops or conferences, including both groups and professionals, have also been organized in Canada in recent years (see next section, 6.3).

Regional information centres of this type could operate with a minimum of permanent staff, using students in teams who would relieve each other every few months. These students, in social science, humanities or social work, would have an opportunity to meet self-help groups and make a contribution to their activities. This would be excellent training for future human services professionals.

There is no need to create a new administrative structure with separate offices; existing structures and locations should be used. In the social services field in Canada there are many governmental, para-governmental and private agencies with diverse operations appropriate to the social needs of their regions, and the function of clearinghouse for self-help groups could be entrusted to such organizations or to existing networks. These organizations should have demonstrated their interest and experience in relation to various self-help groups and the general public. The organizations should be able to show that they have good contacts in and working relations with a variety of other organizations and institutions in the social services field, and that they can rely on co-operation from many professionals. Finally, it is important that organizations entrusted with this function should have sufficiently broad interests and knowledge in the social sector to encourage cooperation from the majority of self-help groups. Regional clearinghouses would be located in the larger cities, but smaller communities could also have information services.

It will be necessary to consider the utilization of modern equipment such as word processing units, mini-computers, videotex or Telidon systems to update and disseminate the self-help directories.

We have been discussing how to create a network of information on self-help groups. Creating networks of groups themselves is another question discussed in section 6.4 below, concerning which we should repeat the recommendation (Number 9) made by the Conseil des Affaires sociales et de la Famille, in its 1978 report on the question of encouraging voluntary action in the social affairs field in Quebec (16). The Conseil is of the opinion that grouping voluntary organizations together continues to be a desirable objective worthy of pursuit. Nevertheless, it believes that the government should neither impose such an organization nor - even less - use access to financing as a means of making it obligatory.

Two more examples should be mentioned here. The first is the Voluntary Action Resource Centre, founded in Vancouver in 1973, a multi-faceted agency that acts as an information centre for British Columbia's voluntary associations and carries out research for social action groups. The Centre, which has received substantial funding from the Government of British Columbia, and is noticeably different from a traditional volunteer centre, has been very successful. Another interesting example in the consumer assistance offices integrated with various community voluntary agencies or social service organizations and financed by the federal Department of Consumer and Corporate Affairs. These examples and others should be studied in order to make the best possible use of our experience. Some may prefer to have information centres established within voluntary rather than governmental organizations. Each of these solutions has its own advantges. The first could reduce the risks of bureaucratization and professional takeovers, but a governmental organization might be more accessible to all self-help groups wishing to defend the principle (the process), while a voluntary organization would likely want to defend a specific cause. In any case, all operations of such information centres will require a minimal ad hoc staff whether they are sponsored by a voluntary or governmental agency.

Until now, we have stressed regional information centres, since these centres must be located as near as possible to the various groups in order to facilitate communication. A national clearinghouse could also play an important role, in a number of ways, acting as a link with national voluntary and professional associations; with the regional centres to facilitate information-sharing among them and to sponsor national workshops; and with various departments in order to distribute appropriate information concerning certain federal programs; communicating with other countries; translating certain documents; stimulating new regional information centres, etc. It would also be a good idea to compile a Canadian equivalent to the recent American handbook listing most networks of self-help groups in the U.S.A. (24). The National Self-Help Clearinghouse in New York published an excellent 50-page booklet on How to Organize a Self-Help Group, which would be of great service here if distributed to all regional centres and many voluntary organizations, and if it were translated into French.

6.3 The Contribution of Professionals

We must consider the two apparently contradictory aspects of the contribution that professionals can make to self-help groups. On one hand, we must recognize the real danger that some professionals may interfere and impose their own ideas and methods without first taking the time to familiarize themselves with the structures and operating methods of self-help groups. We discussed this type of danger in Chapter 4 and we must stress that it is especially significant because most professionals who work in a radically different institutional environment are very poorly informed about self-help groups. On the other hand, we should be aware that a majority of self-help groups or networks have been created with the help of professionals or have looked to them for organizational assistance. Given this situation, it seems realistic to foresee that the future will not see a significant increase in the relatively small number of professionals involved in the creation and development of self-help groups. Nonetheless, it is still important to mention the ways in which professionals can make a contribution to the growth of self-help groups.

As a group facilitator, the professional must have a good grasp of group dynamics and how to manage them, along with the ability to trust in the group and thus be able to detach himself/herself from it as soon as possible after helping in the organizational stages.

The professional's first contribution may be in helping to create a group. He or she is often in a position to see a number of individuals going through similar crisis situations and can suggest or organize meetings among them, leading them to pool their resources to meet their common crisis. This was the way Widow-to-Widow groups were developed by a social worker at Harvard University, Phyllis Silverman; Recovery Inc., created by Chicago psychiatrist Abraham Low (23, chapter 2); CASA, a group of cancer patients created a few years ago by a Montreal nurse, and a group of bereaved parents formed in 1977 by Montreal social worker, Zelda Harris (31). The latter group is now entirely controlled by the members themselves and has decided to join Compassionate Friends, an international network of similar groups.

The professional can also recommend to certain clients that they attend meetings of a self-help group and consider joining later. This assumes that the professional has some knowledge of self-help groups which, unfortunately, is not always the case. More appropriate training for professionals is needed in this aspect (see below, 6.6).

The professional may offer a variety of counselling services, based on expertise, but should make certain that such advice is as appropriate as possible to the needs and composition of the group.

The various ways professionals can assist have been described well by several authors (24, 26) and in an excellent manual for mental health workers (53). Aside from direct contributions by professionals to self-help groups, we must not forget their indirect contributions in writing, teaching and research.

Some community psychologists have attempted to improve communication between various self-help groups and natural helping networks, in order to make the best use of community resources. For instance, a "storefront" psychological counselling service in an underprivileged neighbourhood decided to collaborate with various groups and create an inventory of community resources in the poorer neighbourhoods of Quebec City, concentrating first on the resources for women and housing and intending to move to resources for alcoholics (27).

Another important activity is sponsorship of meetings between professionals and members and organizers of self-help groups, which has been done recently in Toronto and Montreal.

Montreal's community exhibition of self-help groups, combined with a day of study and information-sharing, on October 18 and 19, 1979 was an extremely successful innovation. The event was organized by an inter-university committee (from Université de Montréal, Université de Québec and McGill University), in co-operation with the professional corporation of social workers of Quebec. The program began with a display involving about 40 French- and English-speaking groups, who set up tables in the public corridors between the Metro Station and the Université du Québec's buildings from three in the afternoon until eight in the

evening to introduce themselves to social workers and the general public. Interested people could go from table to table, reading or collecting brochures and asking questions of each group's representatives, who were there to give out information on their group and its activities. In the evening, Alan Gartner from New York gave a speech on self-help groups. The second day was oriented primarily toward social workers and students of social work. In the morning there was a panel discussion with representatives of four self-help groups who first told their personal stories and then discussed the formation and operations of their groups. The afternoon was devoted to discussion on what professionals should and should not do in their relationships with self-help groups. This program, which saw several hundred participants in one activity or another, also provided the opportunity for all kinds of informal and very fruitful exchanges among self-help groups, among professionals, and between self-help groups and the public or professionals.

A number of encounters between professionals and group members have been organized in Toronto, which has been particularly active in this over the past few years, thanks to the joint efforts of many self-help group members and professionals who recognize their contributions.

We should also mention that other professional associations have recognized the importance of self-help groups by having a special program during their annual meeting, to bring professionals and members of self-help groups together. This was done, for instance, by the Association for Humanistic Psychology, which devoted a full day of workshops during its 1979 annual meeting to such a program, and the American Orthopsychiatric Association, which included a two-day workshop in its 1980 meeting in Toronto.

Such special workshops or seminars could be organized during the annual meetings of a wide variety of professions: physicians, nurses, psychiatrists, social workers, psychologists, sociologists, etc., or at conferences of professionals with a common working environment, such as in hospitals or local community service centres. In fact, certain universities or multi-disciplinary university centres might well offer such workshops or seminars to professionals from varied backgrounds in the social sciences and humanities.

Suggestion 8

PROFESSIONALS AND PROFESSIONAL ASSOCIATIONS IN SOCIAL AND HEALTH SCIENCES, AS PART OF THEIR CONTINUING EDUCATION PROGRAMS, SHOULD ORGANIZE WORKSHOPS OR SEMINARS TO FOSTER MEETINGS, DISCUSSIONS AND INFORMATION SHARING WITH MEMBERS OF VARIOUS SELF-HELP GROUPS.

6.4 Assistance from Voluntary Organizations, and Linkages among Self-Help Groups

Many small self-help groups are sponsored or assisted by established, well-structured voluntary organizations or associations. Members of these associations have often contributed to the formation of the small self-help groups. One example is that of self-help groups for multiple sclerosis patients, which began to form in Minnesota in 1975. Gartner and Riessman (24) have described the formation of these first groups and show the role played by the National Multiple Sclerosis Society in the U.S.A., and its Minnesota Chapter, which now sponsors 18 such self-help groups. The existence of a voluntary organization and its established structures at the beginning, enabled very rapid multiplication of self-help groups for these M.S. patients, after the first prototype group had shown its worth.

Another example is the Association of Relatives and Friends of the Mentally Ill, a self-help group created in 1974 by the Ottawa Chapter of the Canadian Mental Health Association (56). A great many voluntary associations in the health sector do try to set up self-help groups, in addition to their usual activities of providing assistance, obtaining research money or exercising pressure for improved services.

Speaking to a round table on voluntary action and social affairs in Quebec (8), the Director General of the United Way referred to the recent proliferation of groups with an interest in various social problems and pointed out that voluntary action has not become anemic, but rather has gone through a transformation in the seventies. He noted that voluntary organizations were springing up constantly to satisfy new needs or needs that have not been met by existing services and said that, in his opinion, this was an indication of our society's good state of health. Finally, he mentioned that the United Way finances groups of

people who are having problems and who are prepared to take care of these problems, look for solutions and help each other. In our opinion, this amounts to recognition of the value of self-help groups by an agency that distributes donated funds to voluntary organizations, and we would like to make a suggestion here along the same lines.

Suggestion 9

THE VARIOUS VOLUNTARY AGENCIES AND ASSOCIATIONS WHICH ALREADY HAVE SOME RESOURCES AND STRUCTURES SHOULD DEVOTE A LARGER SHARE OF THEIR EFFORTS TO THE DEVELOPMENT OF SELF-HELP GROUPS, WHICH SHOULD BE RECOGNIZED AS SOURCES OF PARTICULARLY EFFECTIVE ASSISTANCE BASED ON VOLUNTARY INITIATIVE.

This suggestion implicitly recognizes, in agreement with the National Advisory Council on Voluntary Action (15), that voluntarism always involves motives blending both personal satisfaction and altruism. It is now accepted that volunteers do find personal satisfaction in their voluntary activities. Satisfaction may be found in helping others face problems the volunteer has been fortunate enough not to have had, or in helping others to get through difficulties that the volunteer has personally experienced, as in self-help groups. Riessman has described the principle he calls helper-therapy (23), which says that the fact of helping others is therapeutic and that one helps oneself most when one is helping others. He has shown how this therapeutic aspect affects each helper and that there are particular effects in the case of self-help groups, such as better understanding of one's own problems or the social validation felt by an alcoholic who helps a fellow alcoholic or a widow who helps another widow.

In addition to the support that existing voluntary organizations or associations could provide to self-help groups, another form of support could be provided by organizing meetings of the organizers or leaders of local self-help groups. Getting these people together would enable them to share their individual experiences and the ways in which they have faced problems as their groups have grown. An experiment in such an organization began in Toronto in 1972 with the creation of Community Self-Help by members of various self-help groups, Al-Anon, Alcoholics Anonymous, Gamblers Anonymous, Neurotics Anonymous, One-Parent

Families Association of Canada, Overeaters Anonymous, Parents Anonymous, Recovery Inc., T.O.P.S. and Venture. Other interested people have joined this organization, whose primary goals were to:

1. arrange meetings and debates in hospitals for community social workers or for other self-help groups;

2. have various members of self-help groups take part in behavioural science seminars for medical students at the University of Toronto;

3. hold regular and special meetings, all open to the public, to describe the work of various self-help groups;

4. facilitate similar work in other communities; and

5. use the benefit of the experience of older self-help groups to assist new groups in the formation process.

Community Self-Help also made a major contribution to the organization of meetings and workshops that brought together self-help groups and professionals, such as those mentioned in the preceding section. One very successful meeting was held in February 1979 among some 40 members of self-help groups and 120 representatives of various social agencies and governments. A Toronto social agency, Community Resources Consultants, was the joint organizer of this event.

A number of points should be made about this organization:

- the members joined as individuals and not as representatives of particular self-help groups;

- the group's members came mostly from one area of the self-help movement, especially the "anonymous" groups;

- the first Constitution, in 1975, stipulated that members had to be members of a self-help group recognized by Community Self-Help. The second Constitution, in 1978, accepted as members, individuals who did not belong to self-help groups, thus enabling professionals and other individuals with a devotion to the cause of self-help groups to join. This was also a way to deal with the shortage of members of self-help groups volunteering to take on various duties within the organization; and

- between 1972 and 1980, the organization's continuity seemed to result primarily from the perseverance of its founder, who remarked how difficult it was for organizers of various self-help groups, already very active in their own organizations, to find time to make a contribution to Community Self-Help's activities.

The Toronto experience demonstrated a number of ways to promote self-help groups, while also revealing, according to its originators, that there must be a minimum staff to promote its activities more actively with all the organizational tasks this implies. A staff person could be located in the information centres mentioned in Suggestion 7 and would cooperate with associations of self-help group members such as Community Self-Help, which would remain an inter-group support network and a very valuable community resource.

Associations such as these make it possible for members of self-help groups to see that they are part of a much larger movement and to recognize and use the great strength they have. At the same time, it is important to realize that members of a self-help group often feel that they have little or nothing in common with members of another group, either because they are not affected by the problem the other group deals with or because their operational methods or ideological references are too divergent, thus obscuring what they have in common: the process of self-help.

Suggestion 10

ENCOURAGE LOCAL OR REGIONAL NETWORKING OF VARIOUS SELF-HELP GROUPS, TAKING INTO ACCOUNT THEIR DIFFERENCES AND THE RESISTANCE OF SOME GROUPS TO SUCH ASSOCIATIONS.

6.5 Financial Assistance and Various Possible Services

We shall begin this section by stating a few general principles regarding the financial assistance governments may wish to give to self-help groups. These groups sometimes also receive assistance from non-governmental organizations, particularly large voluntary organizations and agencies such as the United Way, as noted above.

Our first question is to ask whether government aid to self-help groups is a right or a privilege. The People in Action report by the National Advisory Council on Voluntary Action offered its opinion on this subject with respect to voluntary associations and the federal government: "The Council does not believe that the federal government is obliged to provide direct assistance, on demand, to voluntary organizations. No voluntary association has such a fundamental right; if any did, the government would need an unlimited source of funds." (15)

If we apply this principle to self-help groups, it does not mean that the government must not give them direct aid, but that any assistance the government provides to such groups must be justified by specific reasons concerning the value or contribution of their activities to the general public.

This contribution, as we have mentioned previously (suggestion 3, section 6.1), lies in both the process and the content, and for individual and community health the accent is on the major role of the self-help process itself.

In such circumstances, any level of government that recognizes the value of the process may agree to provide general assistance to the development of self-help groups. This is the first type of aid.

The second type of aid, while recognizing the merits of self-help in general, provides subsidies for specific activities that tie in with the operations of a particular department. For example, the Quebec Department of Social Affairs has a program of grants to voluntary organizations (grants under this program increased greatly in 1980), of which a portion goes to organizations that contribute to home support. In this way, a number of voluntary organizations and self-help groups have received financing because their field of activity (content) corresponded to a priority identified by the Department, in this case, home support.

The third kind of aid is subsidization only on the basis of content, such as aid to a group of parents whose children have a certain handicap, regardless of the self-help aspect of the group. If the goal in such subsidies is only to obtain a certain amount of service at cheap rates, the group may find itself leaving self-help activities by the wayside in order to develop the required services. Such a change is not necessarily bad, but should be anticipated and evaluated as closely as possible by the subsidizing organizations and by the groups themselves.

Financial asistance from governments may be direct or indirect.

Direct aid consists of subsidies or grants for specific expenses (office services, telephone, etc.), general operating grants or grants for specific projects or services.

Direct aid would be inappropriate for many self-help groups that prefer to be self-supporting through donations from members and friends, rather than depending on government or private grants or donations. In cases where direct financial aid is given, the following suggestion made by the Conseil des Affaires sociales et de la Famille regarding voluntary organizations would seem to apply equally well to self-help groups: give preference to financial support in the form of a flat grant, not linked to detailed budgetary items (16). Such a recommendation is even more appropriate if we agree that the process of self-help is more important than the content of specific activities.

Indirect aid may be provided in many ways, for example, grants for compilation and distribution of local directories, creating regional information centres, organizing various workshops, seminars and the like.

The following suggestion concerns the use of existing programs to provide direct or indirect aid as appropriate.

Suggestion 11

PRIORITIES SHOULD BE DETERMINED, WITHIN EXISTING PROGRAMS OF GRANTS TO VOLUNTARY ORGANIZATIONS, FOR SUPPORTING SELF-HELP

GROUPS OR ORGANIZATIONS WHICH CONTRIBUTE DIRECTLY TO THE DEVELOPMENT OF SELF-HELP GROUPS OR NETWORKS.

Many federal and provincial government programs may be re-examined in the light of this suggestion. Let us take the case of the New Horizons program which does support some self-help groups among the elderly, such as Seniors Assisting Seniors (SAS) in Calgary, whose major activity is the exchange of a variety of services, depending on the talents and tastes of the members, thus providing them with a support system and the feeling of being useful in the community.

We can also think of a number of national and provincial voluntary organizations that promote various causes or press for various improvements (research, services, legislation and so on) with regard to various diseases. Some of them have already developed self-help groups but much more could be done in this way. The Multiple Sclerosis Society can serve as an example.

Nevertheless, we must be watchful that assistance to national or provincial voluntary organizations is not provided at the expense of isolated self-help groups (and there are many of these) which are not linked to such a network. Let us also remember that all self-help groups, even those which have become vast national or international networks, began with one small group and that local innovations in the field should be encouraged. This point was well made in Novia Carter's 1975 report on voluntarism (10).

It is also possible to provide many services that would assist self-help groups in their development with very little financial outlay as for example, the rooms, materials and other resources that churches, municipal governments and larger voluntary organizations often make available to self-help groups. Schools, too, should be able to make their premises available to self-help groups. In Ontario, for instance, a number of school boards have agreed to let community groups use school facilities, thus putting the "community school" concept into practice, in accordance with the 1974 recommendations of the Ontario Select Committee on the use of school facilities. We know that some T.O.P.S. groups or single-parent groups do meet in schools, but the practice should be more common. Many self-help groups also meet in hospitals or local health or social services centres but

here, too, they are the exception rather than the rule, and often only the better-known groups are accepted.

Suggestion 12

ROOMS AND OTHER FACILITIES (SUCH AS TELEPHONES AND PHOTO-COPIERS, FOR EXAMPLE) SHOULD BE MADE AVAILABLE TO AS MANY SELF-HELP GROUPS AS POSSIBLE BY MUNICIPAL GOVERNMENTS, CHURCHES, SERVICE CLUBS, LARGER VOLUNTARY ORGANIZATIONS, SCHOOLS AND HEALTH AND SOCIAL SERVICE INSTITUTIONS.

6.6 Education and Research

A purely academic study of the self-help field would have concluded that it was necessary to carry out a lot of research and surveys first in order eventually to make recommendations for action. It is true that we have very few research findings in this field, yet at the same time it is comforting to see that some very talented researchers have devoted much time to the field in the past few years, even to the extent of training multidisciplinary teams like Lieberman and Borman's Chicago group (40) or Caplan and Killilea's at Harvard (7). Even though the global perspective we adopted for this study has convinced us that action to encourage the development of self-help groups is justified, we are aware of the many fundamental and practical questions that require answers, and the need for gathering a certain amount of basic data. This is the first reason behind carrying out and encouraging research in this area, particularly once the social relevance has been demonstrated.

The second justification is the need for both teaching and research on self-help groups in order to train future professionals in the field. Such teaching should be done at various levels, especially in universities. A dynamic university education, which should be the avant-garde, since the field is unknown to most professionals, - should be accompanied by equally dynamic research. University teaching is nourished by research in progress - both for the teacher's and student's benefit. The education of professionals should have a double goal: to train professionals who will become active collaborators with self-help groups in many ways, and to reach the greatest possible number of social sciences and humanities

professionals, so that they will better understand and accept the social role of self-help groups, even if they have no interest in cooperating with such groups.

There is also a need for training of the organizers and leaders of self-help groups.

Suggestion 13

MEANS OF IDENTIFYING AND SELECTING LAYPERSONS ABLE TO ORGANIZE SELF-HELP GROUPS SHOULD BE DEVELOPED; TRAINING HAVING REGARD FOR THE LAYPERSON'S ABILITIES AND THE SELF-HELP CONTEXT SHOULD BE ELABORATED. PROFESSIONALS SUCH AS SOCIAL WORKERS, COMMUNITY ORGANIZERS OR ADULT EDUCATORS SHOULD OFFER INDIVIDUALIZED TRAINING.

Such training could be offered by animators making themselves available to self-help groups for regular discussion with the organizers and to implement a few meetings with specific themes over the course of a year. Discussion would be based on group knowledge and experience. It would be helpful to consult manuals which already exist, such as those prepared by the University of New York for self-help groups in general (4) or for self-help groups for the elderly (32).

Finally, a wide variety of professionals should receive very practical courses, enabling them to experience a self-help group. We are thinking particularly of disciplines such as sociology, medicine and psychiatry (particularly community medicine and psychiatry), psychology, education, nursing, health sciences, in general and social work. Such courses have been successfuly organized at the University of Toronto, where medical students met in seminars with members of self-help groups.

With respect to research, we should consider what forms of research are appropriate for the study of self-help groups. The concepts of "participant-research" and "action-research" are particularly appropriate because the goal is not simply a better understanding of the activities, process or results pertaining to a given self-help group, but simultaneously, an attempt to meet the group's needs and enable it to understand itself better. The researcher and the group both benefit

equally from their interaction and the resultant understanding. This was demonstrated clearly in the People in Action report on voluntary activities (15) and in a recent article on self-help groups by Francine Lavoie of Laval University (36). The research work of the Chicago group (40) illustrates the ingenuity employed, problems encountered and successes achieved in putting this "participant-research" or "action-research" concept into practice, involving true collaboration with a great many self-help groups.

We believe that research "on" self-help groups requires new research ethics, since research should not be done on but with self-help groups. We know that all research (medical, psychological or other) must meet certain ethical standards. In a university setting, research proposals are often submitted to ethics committees whose prime function is to ensure that the people (or patients) who are exposed to scientific experimentation are not in any danger.

The new ethics proposed for research with self-help groups would ensure not only that they would suffer no harm, but also that they would derive some benefit from it. This, of course, implies that researchers must spend some time with the various members or organizers of the groups to keep them informed of the progress and discuss results or observations made during the research project.

Suggestion 14

RESEARCH WITH SELF-HELP GROUPS SHOULD BE CARRIED OUT, AS MUCH AS POSSIBLE, FROM A "PARTICIPANT-RESEARCH" PERSPECTIVE, ENABLING THE SELF-HELP GROUPS TO BENEFIT FROM THE RESULTS OF THE RESEARCH.

Chapter 7

Conclusion

In concluding our study, we wish to point out the extent of the multiple contributions made by self-help groups to our society; they constitute a growing social force, although still largely unknown and unrecognized.

Little writing or research has been done in this field because the major actors in it have been much too busy to write or theorize about their activities, and also because these activities are not clearly a part of a research discipline but relate to a number of varied fields, as we emphasized in Chapter 2.

We have highlighted their contribution in terms of health, which we have defined not only as the absence of disease but also in terms of the broader concept of health that includes physical, mental and social well-being, and the factors that make it possible to maintain or reach such a state. In this sense, self-help groups are one of the most powerful social forces available to help individuals take charge of themselves and their health. Referring to A New Perspective on the Health of Canadians (35), which emphasized the major role played by individuals and by their behaviour, independent of the health care delivery system, we can better understand why self-help groups are such a promising means of improving health. While we have tried to maintain a broad perspective on all self-help groups in the personal services field (health and social services in particular), our comments, examples and suggestions have often referred to the health field, in which we have more experience.

The contribution of self-help groups has also been very significant in social and political terms. They enable individuals to develop or redevelop their psychological or social identity and contribute to the development of a certain pluralism appropriate to Canadian society. As public resistance to many government programs grows, on the grounds that they are too uniform or intrude on the personal domain, the challenge to current governments is to anticipate such resistance. One means of meeting this challenge is to agree to promote many special interests, thus recognizing the desire of the majority.

Here we may refer back to the concept of fraternity* on which note we ended Chapter 1 of this study, indicating that this may be the essential quality of self-help groups. When dissent reigns in a community or in a nation, older people are often heard to recall the last war against the neighbour, or the last national crisis, and relate how people in those times knew how to support one another, how to help each other, in other words, how to provide fraternal support. Some will conclude that another national crisis would be just the thing to restore that feeling of fraternity among the citizens. Self-help groups do illustrate well how mutual support can develop among citizens and help them regain the lost feeling of fraternity, simply by using the opportunities that naturally present themselves. Each one of us goes through crises or upsets during our lives, and these often take on the aspect of a mini-war that we must wage for some time. For those who are fortunate enough to have the self-help experience - with individuals or in a group - at such times, it is an opportunity to come out of the crisis as a stronger and more mature person. For many, however, such a fraternal experience will be difficult to achieve, if their previous education or work environment has influenced them unduly by placing all emphasis on individualism and competition rather than on co-operation. We are not trying to deny the advantages of many kinds of competition and individualism and their place in social progress, but we do believe that a society will be healthier if its members are able to call equally upon cooperative and competitive behaviours, and choose the behaviour most appropriate to the circumstance. The marked growth in self-help groups in North America is in part a reflection of the need for cooperation that people cannot satisfy in their everyday social lives.

In Chapter 5 we dealt at length with several socio-economic aspects, particularly showing how self-help activities can help slow the increase in costs of activities for the elderly or welfare programs.

* For some people, "fraternity" may have an overly religious connotation; perhaps they could substitute the concept of belonging to the human family.

Now we should refer to some suggestions or conclusions from the OECD International Conference in Paris in October 1980, at which 10 ministers and a hundred or so senior civil servants, academics and experts representing management and labour from many countries discussed social policy for the eighties (18). They pointed out that "the State, instead of doing, can arrange to have things done" and stated that in order to meet society's expectations, the policies of the eighties must personalize social benefits, refine them, and distribute them in such a way that they are rooted in the very fabric of society, using all the "effective" channels available: voluntary organizations, ethnic and religious groups, neighbourhood community groups, etc. The essential concerns of the participants at this Conference were to find new approaches and improve the management of social programs, which represent large expenditures by governments. All efforts in this direction, which try to better meet the expectations and needs of the citizens, must continue with vigour.

On the other hand, many Western nations, and Canada in particular, have seen social budgets (social security, unemployment insurance, health, education, welfare and the like) grow substantially, both in terms of per capita expenditures and as a proportion of the G.N.P., over the last two decades. In today's economic climate, such growth cannot be maintained in the future and many citizens will be disappointed because the services they expect cannot be provided.

That is why, in parallel with the efforts mentioned above, government must stay abreast of the most pressing social needs of its citizens, as they appear especially in new voluntary, popular, spontaneous or community initiatives. The purpose of this study has been to shed some light on one set of spontaneous initiatives, which we consider to be a signpost to indicate future trends. An indication of the increased role of self-help groups is found in a recent California study that reported that a majority of people facing a life crisis thought it would be useful to talk to someone else who had been through a similar situation. Specifically, this study by the Department of Mental Health indicated that, while only 9% of adults actually consult someone with the same problem, 27% thought this would be a valuable idea and 48% agreed in part, while 22% disagreed (5).

The fact that self-help groups are a signpost to future trends means simply that they have within them the potential - a considerable potential - to contribute to a healthier and more democratic society, in which power is rightfuly returned to the citizens. But, like any potential, it may be realized and come to fruition or it may stagnate as it meets insurmountable resistance in our society.

Among the supportive aspects, we can see that self-help groups are a particularly appropriate response to the psychological and sociological needs of late twentieth century man, who often seeks new ways of existence rather than new acquisitions or possessions.

Among the opposing forces, there are two major foes: professionals and governments who are all too willing to control and regiment. But we would like to point out that a minority of professionals have already seen the potential of self-help groups and have tried to understand and cooperate with them in appropriate ways. We met many such professionals during our study as well as a number of public servants at various levels who are trying to find the most appropriate means of encouraging self-help and similar grass-roots initiatives.

The purpose of Chapter 6, in fact, was to provide examples and suggestions regarding such activities, by emphasizing the principles that ought to underlie any assistance from professionals or governments. We have insisted on the fact that in order to help oneself effectively, one must know and appreciate that self.

We hope that this report has helped our readers, professionals, practitioners or policy administrators in the human services sector to better understand and appreciate the importance of self-help groups.

We also hope that our readers who are organizers or members of self-help groups or officers of voluntary organizations will have better realized the breadth and impact of the self-help movement, and thus feel reinforced in their activities. We also hope that they will maintain the enthusiasm and energy they need to continue their activities despite the roadblocks and crises that appear during the growth or evolution of any group.

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